

Shenandoah Valley Chiropractic, PLC
Dr. Kimberly R. Harman, D.C.

**ASSIGNMENT AND AUTHORIZATION
INSURANCE BENEFITS**

TO WHOM IT MAY CONCERN:

I hereby authorize and direct you, my insurance company, to pay directly to **Shenandoah Valley Chiropractic, PLC/ Dr. Kimberly R. Harman, D.C.** such sums as may be due and owing this office for services rendered me, both by reason of accident or illness, and by reason of any other bills that are due this office, and to withhold such sums from any medical payments benefits, no-fault benefits, health and accident benefits, workmen's compensation benefits, no-fault benefits, or any other insurance benefits obligated to reimburse me or from any settlement, on my behalf as may be necessary to adequately protect said office. This is to act as an assignment of my rights and benefits to the extent of the office's services provided.

In the event my insurance company obligated to make payment to me upon the charges made this office for their services refuses to make such payments, upon demand by me, or this office, I hereby assign and transfer to this office any and all causes of action that I might have or that might exist in my favor against such company.

I understand that I remain personally responsible for the total amounts due this office for their services. I further understand and agree that this Assignment and Authorization does not constitute and consideration for the office to await payments and they may demand payments from me immediately upon rendering services at their option.

I authorize the office to release and information pertinent to my case and any insurance company, adjustor to facilitate collection under this Assignment and Authorization. I agree that the above mentioned office be given Power of Attorney to endorse/ sign my name on any and all checks for payment of my doctor bill.

Signed _____

Date _____

Print _____