

401 Cooper Landing Rd
C-17 Playa Del Sol
Cherry Hill, NJ 08002
Telephone: (856) 667-0505
Fax: (856) 667-8083

Calzaretto Chiropractic Center

Anthony F. Calzaretto D.C.
Brian D. Ryan D.C.

ASSIGNMENT OF BENEFITS

Insurance Company:

I, _____ the insured and/or beneficiary of the policy or policies of the insurance providing medical benefits to me, do hereby authorize you to pay directly to the above named company, medical provider, benefits due me out of the indemnity under the terms of the applicable policy/policies issued by you company:

Calzaretto Chiropractic Center
401 Cooperlanding Road, C-17
Cherry Hill, NJ 08002
Tax ID: 22-3772770

Payment is authorized upon receipt of the itemized statement for services rendered. This policy was in full force and effective at the time services were rendered. I also authorized the above medical provider to obtain counsel and enter legal or other action on my behalf and/or in my name to collect such sums due if should such sums no be paid within the legally prescribed, or within a reasonable period of time. I do hereby promise full and complete cooperation with any legal counsel obtained by the medical provider for any expenses not covered by the responsible insurance carrier. I realize that I am financially responsible for charges not covered by this assignment. Payment, in whole or part, shall be considered the same as if paid by your company directly to me. A photocopy of this assignment shall be valid as the original.

Insured:

Claim#: _____

Legal Signature: _____
(If minor, parent or guardian must sign)

Patient's Signature: _____