

ASSIGNMENT OF BENEFITS
Bound Brook Chiropractic Center
222 Hamilton Street
Bound Brook, New Jersey 08805

Date-----

Patient-----

Employer-----

Claim Group #-----

SS# / ID#-----

I hereby instruct and direct-----

insurance company to make payment on my behalf directly to

Bound Brook Chiropractic Center
222 Hamilton Street
Bound Brook, New Jersey 08805

Or

If my current policy prohibits direct payment to Dr Winters and the BBCC, I hereby instruct and direct you to make out the check to me and mail it as follows:

Bound Brook Chiropractic Center
222 Hamilton Street
Bound Brook, New Jersey 08805

for the professional or medical benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services received. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above mentioned assignee and I have agreed to pay in a timely manner any balance for said professional services over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, physician, adjustor or attorney involved in this case.

I authorize the BBCC to initiate a complaint concerning any irregularities in payment of my claim by my insurance company to the New Jersey Insurance Commissioner's office.

Date-----

Patient's signature----- Witness-----