



ASSIGNMENT OF PAYMENT

I hereby authorize and direct my attorney and/or insurance company to directly pay Dr. Nicholas S. Doinidis any money due him on my account. This payment shall be deducted from any settlement made on my behalf.

Further, I agree to personally pay Dr. Nicholas S. Doinidis the difference, if any, between the total amount of his charges and the total amount paid by the attorney and/or by the insurance company.

Further, I agree to personally pay Dr. Nicholas S. Doinidis the full amount of his charges should my condition be such that treatment for it is not covered by an insurance policy, or if for any reason the insurance company refuses to pay the claim.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Dr. Nicholas S. Doinidis and his staff to release any information acquired in the course of my examination or treatment to any insurance company, attorney, other doctor or other person.

AUTHORIZATION FOR TREATMENT

I hereby expressly authorize Dr. Nicholas S. Doinidis and his staff to perform any and all acts within the lawful scope of chiropractic which is the sole discretion of the chiropractor or staff member which would be beneficial for my case.

INSURANCE DEDUCTIBLE

Many insurance companies have a deductible that is charged to the patient. This amount is usually set at the beginning of the year and could range anywhere from \$50 to \$1000 or more depending on the insurance company and policy.

This amount will be shown on the insurance statement which comes with the doctor's payment sheet. You will be responsible for this amount because it is deducted from the doctor's payment. **YOU OWE THIS TO THE CLINIC.**

If part of your deductible has been met elsewhere, then you will be responsible only for the portion that is withheld from our clinic.

The undersigned has read the above statement and it is clearly understood.

PATIENT NAME _____

SIGNATURE _____ DATE _____

8-12-98