

**Hainesport Chiropractic LLC**

2717 Marne Highway  
Hainesport, NJ 08036  
(609) 267-5550

**Authorization to Release Information**

**Financial Responsibility**

All Professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance with our office. Necessary forms will be completed to file for insurance carrier payments.

**Authorization to Release Information**

I hereby authorize Hainesport Chiropractic LLC to (1) release any information necessary to insurance carriers regarding my care; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of one year. This order will remain in effect until revoked by me in writing.

I have requested medical services from Hainesport Chiropractic LLC on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Insurance ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date