

WACHUSETT CHIROPRACTIC CLINIC  
STEVEN D'AQUILA, D.C.  
1010 MAIN STREET  
HOLDEN, MASSACHUSETTS 01520  
(508) 829-9955

### NOTICE OF ASSIGNMENT

Please note enclosed assignment form in our files that legally directs you to pay our office all fees involving health care rendered to the patient below.

Mail all checks only to our office.

RELEASE OF INFORMATION: I, the below named patient, hereby authorizes the Wachusett Chiropractic Clinic treating me, release to any third-party payor any medical information and records necessary for the processing and payment of any insurance claims or for assistance in paying for my care. I also authorize the release of any medical information to any licensed medical facility to whose care I may be transferred.

I also hereby authorize and direct the release of any information to the Wachusett Chiropractic Clinic from my insurance carrier. This release includes, but is no limited to, insurance policy information and or medical information, regarding myself, that has been obtained or secured by the above-named insurance company.

INSURANCE ASSIGNMENT: I, the below named insured, hereby authorizes payment directly to the Wachusett Chiropractic Clinic of any group and individual benefits otherwise payable to me, but not to exceed the Wachusett Chiropractic Clinic's regular charges for this care. It is further understood and agreed that payment of said charges by my insurance company is herein directed by me shall be considered the same as if paid directly to me. I understand that I am financially responsible to the Wachusett Chiropractic Clinic for all charges not covered by this assignment.

Patient Name (printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Or signature of legal guardian

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Copy is valid as original.

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Note: If this acknowledgement is not signed and returned to this office of the doctor within 7 days, and if the patient continues under treatment after 14 days, it is assumed and relied upon that the company has agreed to and acknowledges medical coverage and payment directly to the doctor.