Moorestown
INTEGRATIVE WELLNESS

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Moorestown, NJ 08057
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732-404-7323

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I, _____, authorize assignment of all health insurance benefits which I am entitled to including Medicare, Medigap, BCBS or any other commercial insurance to be paid to Moorestown Integrative Wellness Inc. for services rendered, unless other arrangements have been made.

I _____, understand that I may be financially responsible to Moorestown Integrative Wellness Inc. for charges not covered by my health insurances carrier(s).

I_____, agree to re-pay Moorestown Integrative Wellness Inc. any money I receive from my health insurance carrier for services provided to me for which I have not paid to Moorestown Integrative Wellness Inc.

I have read and agree to the above.

_____ _____

Signature Date

_____

Print name

RELEASE OF INFORMATION:

I, _____, authorize the release of all medical information necessary to determine the extent of third party coverage and for the purpose of obtaining payment for services rendered. I authorize the use of this signature on all insurance submissions whether manual or electronic. This assignment will remain in effect until insurance information changes or is revoked in writing by the patient or authorized representative.

I have read and agree to the above.

_____ _____

Signature of Patient OR Authorized Representative Date

_____

Printed Name of Patient OR Authorized Representative