

ASSIGNMENT OF BENEFITS / ERISA AUTHORIZATION FORM  
James J. Enright / Enright Chiropractic, LLC

Financial Responsibility

I have requested professional services from James J. Enright / Enright Chiropractic, LLC on behalf of myself and/or my dependents, and understand that by making this request, I am responsible for all charges incurred during the course of said services. I understand that all fees for said services are due and payable on the date services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement unless other arrangements have been made in advance.

Assignment of Insurance Benefits

I hereby assign all applicable health insurance benefits to which I and/or my dependents are entitled to James J. Enright / Enright Chiropractic, LLC. I certify that the health insurance information that I provided to James J. Enright / Enright Chiropractic, LLC is accurate as of the date set forth below and that I am responsible for keeping it updated.

I hereby authorize James J. Enright / Enright Chiropractic, LLC / CB&C, INC. to submit claims, on my and/or my dependent's behalf, to the benefit plan (or its administrator) listed on the current insurance card I provided to James J. Enright / Enright Chiropractic, LLC in good faith. I also hereby instruct my benefit plan (or its administrator) to pay James J. Enright / Enright Chiropractic, LLC directly for services rendered to me or my dependents. To the extent that my current policy prohibits direct payment to James J. Enright / Enright Chiropractic, LLC, I hereby instruct and direct my benefit plan (or its administrator) to provide documentation stating such non-assignment to myself and James J. Enright / Enright Chiropractic, LLC upon request. Upon proof of such non-assignment, I instruct my benefit plan (or its administrator) to make the check payable to me and mail it directly to James J. Enright / Enright Chiropractic, LLC.

I am fully aware that having health insurance does not absolve me of my responsibility to ensure that my bills for professional services from James J. Enright / Enright Chiropractic, LLC are paid in full. I also understand that I am responsible for all amounts not covered by my health insurance, including co-payments, co-insurance, and deductibles.

Authorization to Release Information

I hereby authorize James J. Enright / Enright Chiropractic, LLC / CB&C, INC. to: (1) release any information necessary to my health benefit plan (or its administrator) regarding my illness and treatments; (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. This order will remain in effect until revoked by me in writing.

ERISA Authorization

I hereby designate, authorize, and convey to James J. Enright / Enright Chiropractic, LLC / CB&C, INC. to the full extent permissible under law and under any applicable insurance policy and/or employee health care benefit plan: (1) the right and ability to act on my behalf in connection with any claim, right, or cause in action that I may have under such insurance policy and/or benefit plan; and (2) the right and ability to act on my behalf to pursue such claim, right, or cause of action in connection with said insurance policy and/or benefit plan (including but not limited to, the right to act on my behalf in respect to a benefit plan governed by the provisions of ERISA as provided in 29 C.F.R. §2560.5031(b)(4) with respect to any healthcare expense incurred as a result of the services I received from James J. Enright / Enright Chiropractic, LLC and, to the extent permissible under the law, to claim on my behalf, such benefits, claims, or reimbursement, and any other applicable remedy, including fines.

A photocopy of this Assignment/Authorization shall be as effective and valid as the original.

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Patient - Print here and sign above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policyholder/Insured

\_\_\_\_\_  
Date