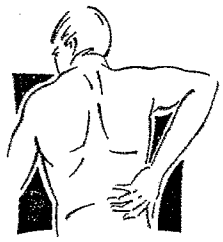

Bassora Chiropractic, LLC
Peter Bassora, DC
186 Fairfield Road, Fairfield NJ 07004
Tel: (973) • 439-9355 Fax: (973) • 439-9350
Email: docpete@optonline.net

Insurance Assignment, Information Release, And Payment Agreement

Patient's Name:_____ SSN:_____

Assignment of Insurance Benefits

I authorize and direct payment be made directly to:

Peter Bassora, D.C.
Bassora Chiropractic, LLC
186 Fairfield Rd
Fairfield, NJ 07004

For any and all insurance benefits or reimbursement for services rendered which amounts otherwise be payable to me under any insurance or pre-paid healthcare plan. If these payments are made out to me, I grant the office above the full power and authority in my name and stead to endorse any and all checks, drafts or money orders. A photocopy of this assignment shall be valid.

Patient's Name:_____ Date:_____

Release of Information

I authorize the release of any information concerning my health and healthcare services to my insurance companies, pre-paid health plan, or Medicare. I understand that this is necessary in order to process the health insurance claim form and to secure the assignment of benefits. I authorize the use of this signature to all insurance submissions.

Patient's Name:_____ Date:_____

Payment Agreement

I understand that there is no guarantee that my insurance companies or pre-paid health plan will cover or pay for all of my charges. Notwithstanding denial, reduction of benefits, or failure to pay for any reason, I understand that I am responsible for all remaining charges.

Patient's Name:_____ Date:_____