



## Insurance Assignment Form

### **Health Insurance**

Our insurance assignment program is designed to keep your out of pocket expenses to a minimum. As a courtesy to you, we will bill your insurance carrier on your behalf and wait up to 90 days for payment. Please remember that you are ultimately responsible for payment, however. Note that claims for initial services are submitted within 1 week after your first visit. And estimated personal portion for personal balances are paid at the time of services.

### **Auto Insurance**

Our auto insurance assignment program is designed to render you immediate care and keep your out of pocket expenses to a minimum. As a courtesy to you, we will bill your insurance carrier on your behalf and wait up to 3 months for payment. Please remember, however, that you are ultimately responsible for payment. Note that balances not paid within 3 months of the patient going back to pre-accident status, will automatically be charged to the patient. Should settlement be reached prior to the 3 month grace period or should care be terminated for any reason prior to your Doctor of Chiropractic's dismissal all balances become due immediately.

### **Worker's Compensation Insurance**

Our worker's compensation care is designed to render you immediate care and keep your out of pocket expenses to a minimum. While your employer is responsible for reimbursement to you for medical expenses incurred as a result of work injuries, you are ultimately responsible for health care services rendered. As a courtesy to you, we will bill your employer or work comp carrier and wait up to 3 months for payment. We will periodically submit claims on your behalf to your employer or work insurance carrier. Should settlement be reached prior to the 3 month grace period or should care be terminated for any reason prior to your Doctor of Chiropractic's dismissal all balances become due immediately.

**I agree to the above terms and give the right for my insurance company to make direct payments to Dr. Wade Lofton at LifeForce Family Chiropractic PA and I am in compliance with these terms.**

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Signature

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Date