

Medical Authorization and Direction to Pay

I do hereby authorize Dr. Jeffrey Smith, DC to furnish you, my insurance company, with the information above referred, concerning and regards to the health condition mentioned in this office. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature _____ Date _____

I hereby authorize and direct you, my insurance company, to pay directly to the said doctors such sums which may be due and owing them for services rendered to me by reason of this condition. Under no circumstances is this agreement revocable, or can it be changed unless proof of payment in full of the doctor bill is provided to you. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature _____ Date _____

I fully understand that I am directly responsible to Dr. Jeffrey Smith, DC for all medical bills submitted by him for services rendered to me. I further understand that such payment is not contingent on any insurance policy, settlement, judgement or verdict by which I may eventually recover said fee. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature _____ Date _____

IMPORTANT INFORMATION TO INSURANCE COMPANIES

Florida Law as of May 30, 1985

627.419 Construction of Policies (4) Notwithstanding any other provision of law, when any health insurance policy, health care services plan, or other contract provides for the payment for medical expense benefits or procedures, such policy plan or contract shall be constructed to include payments to a Chiropractic Physician who provides the medical services benefits or procedures which are within the scope of a Chiropractic Physician's license. Any limitation or condition placed upon payment to or services, diagnosis, or treatment by any licensed physician shall apply equally to all licensed physicians without unfair discrimination to the usual and customary treatment procedures of any class of physician.
