ASSIGNMENT OF BENEFITS

Provider Information:

Dr. Daniel Chun, DC
360 Kiely Blvd, Suite 215
San Jose, CA 95129
(408) 260-8292 NPI: 1386813384

Plan Member Information:

Name: _____
DOB: _____/_____/_____
Address: _____
_____
Member ID: _____
Insurance Name: _____

I hereby understand that the fees that are listed in this claim may not be covered by or may indeed exceed all of my plan benefits. I also understand that I alone am financially responsible to the service provider for all of the cost that is associated with this claim and I do hereby assign my benefits payable from this claim to the above named service provider and I authorized payment directly to them. In the event that my insurance company sends the payment for my services directly to myself or the plan subscriber, I acknowledge that it is my financial responsibility to forward that payment to New Hope Chiropractic, Inc. Failure to forward any payment by my insurance company within a reasonable time frame may result in collections.

I fully understand that the Benefit Plan Sponsor has the right to modify the assignment privileges for specific benefits, categories and/or service provider categories.

I hereby certify that all of the information that is provided in connection with this claim is true, complete and accurate. I authorize any doctor, medical practitioner, or any other person that may have any records, knowledge or information regarding this claim to release such information and to exchange information with any of the named parties where the exchange is necessary for the proper processing of the claim. All photo copies of this signed Assignment of Benefits shall be as valid as the original.

In the event that your insurance does not cover your visits for whatever reason, the rates for your visit are as follows:

Chiropractic: $126.00 Consultation/Exam $180.00-$250.00 Chiropractic Manipulation/Therapy
Massage: $200.00 60-Minute Session

_____ _____ _____
Patient Name (Print) Signature Date

_____ _____
Authorized Staff Signature Date