

# Cousineau Chiropractic Life Center

14550 KING ROAD, RIVERVIEW, MICHIGAN 48193

## AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize Cousineau Chiropractic Life Center to disclose to my Insurance Company or lawyer and all necessary information, which has been acquired by examination or other means of my physical or mental condition, and I release Cousineau Chiropractic Life Center of any consequences thereof.

## X-RAYS

Under the laws of the State of Michigan, x-rays are the property of this office. The amount paid by you or the Insurance Company are for interpretation. However, if needed, a copy can be made available.

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## ASSIGNMENT OF PAYMENT

My attorney and or insurance Company are hereby requested and authorized to pay direct to Cousineau Chiropractic Life Center any monies due on account, the same to be deducted from any settlement made on my behalf. Further, I agree to pay Cousineau Chiropractic Life Center the difference between the total amount of the charges and the amount paid by the attorney and or the Insurance Company. It is further understood that I, the undersigned, agree to pay Cousineau Chiropractic Life Center the full amount of the charges, should my condition be such that is not covered by my policy or if for any reason the Insurance Company refuses to pay the full amount of my claim.

Signature of Applicant (or Agent) \_\_\_\_\_

Relation to Patient if signed by Agent \_\_\_\_\_

Date \_\_\_\_\_

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