

Dr. Fred E. Russo C.C.S.P.
Tallahassee Chiropractic Sports Medicine & Rehab Center
230 John Knox Rd #3 Tallahassee, FL 32303 Phone (850) 422-2225 Fax (850) 422-2509

Assignment of Benefits

Patient Name: _____ Date: _____

Claim/Group #: _____ SSN/ID# _____

I hereby instruct and direct my Insurance Company, _____, to pay by check made out and mailed directly to: Dr. Fred Russo, C.C.S.P., 230 John Knox Rd, #3, Tallahassee, Florida 32303.

OR

If my current policy prohibits direct payment to the doctor, then I hereby instruct and direct you to make the check payable to me and mail it as follows: C/O 230 John Knox Rd, #3, Tallahassee, Florida 32303.

For professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment towards the total charges for professional services rendered. This is a direct assignment of my rights and benefits under this policy. The payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional fees for non-covered services and/or fees over and above the insurance payment or as required by my insurance policy.

A photocopy of the Assignment shall be considered as effective and valid as the original.

I authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this claim.

Signature of policy holder: _____

Signature of claimant, if other than policy holder: _____

For Office Use Only

Witness to Patient's Signature: _____

Date: _____