

ASSIGNMENT OF BENEFITS

You hereby assign payment to Yajima Chiropractic & Wellness / Dr. Hajime Yajima of all benefits due under the terms of your policy. Although your insurance policy is an agreement between you and your carrier, this office will process your insurance forms upon request. We will do our utmost to provide sufficient information to your carrier to obtain for your treatment. We have found that in some instances, however, insurance companies will deny or reduce payment despite our best efforts to demonstrate the necessity for care. In the event that full payment is not made for any reason you must understand that you are responsible to make payment in full.

I understand that I am responsible for payment of this account and hereby assume and guarantee payment of all related expenses incurred during treatment. If my current policy prohibits direct payment to the doctor, I hereby instruct and direct _____ (insurance carrier) to make out the check to Yajima Chiropractic and Wellness and mail it to 1110 Crenshaw Blvd, Torrance, CA 90501.

I also hereby authorize Yajima Chiropractic & Wellness / Dr. Hajime Yajima to release any information pertinent to my case to my insurance company, adjuster or attorney involved in my case.

**** Please do not sign this form without reading and understanding it. ****

I confirm I have read and acknowledge understanding of the office policies of Yajima Chiropractic & Wellness.

Signature: _____ **Date:** _____