



ALFRED ALMOND CHIROPRACTIC, LLC

www.MyAlfredChiro.com

"Your Best Alternative"

Dr. Daniel P. Lee, DC - Clinical Director

49 Hillcrest Drive

Lower Level

Alfred, NY 14802

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607.247.4018 fax

alfredalmondchiro@gmail.com

Lifetime Insurance Authorization

Provider Name: **Alfred Almond Chiropractic, LLC**

I authorize the release of any medical information necessary to process claims.

I also authorize payments under my insurance programs to be made directly to the above provider for any services furnished to me.

This authorization will remain in effect indefinitely unless revoked by me in writing.

I further permit copies of the authorization to be used in place of the original.

Patient Name (or responsible party, please print)

Patient Signature (or responsible party)

Date Signed

Billing services for Alfred Almond Chiropractic, LLC are performed by Priority Medical Billing, of Honeoye Falls, New York. Please be assured that Priority Medical Billing has signed a confidentiality clause with Alfred Almond Chiropractic, LLC and all billing matters will be kept strictly confidential. Also, full payment for services rendered by Alfred Almond Chiropractic, LLC is due within 3 months of the date the service is rendered, unless other arrangements are made in advance. Failure to comply with this agreement gives Alfred Almond Chiropractic, LLC the right to turn outstanding charges over to a private collection agency. My signature on this form verifies that I understand this agreement and will comply with the same.

Signature (Insured or Authorized Person)

Date Signed

FOR BILLING QUESTIONS PLEASE CALL:

Priority Medical Billing
585.582.6234

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