

**Frederick
Chiropractic**

2501 Mile Hill Dr. Ste A-101
Port Orchard, WA 98366
Phone (360) 895-4843
Fax (360) 895-4210

AUTHORIZATION FOR ASSIGNMENT OF PAYMENT

I hereby authorize and assign payment directly to:

Frederick Chiropractic

*2501 Mill Hill Rd Ste A-101
Port Orchard, WA 98366*

For professional services rendered and I shall be personally responsible for any unpaid Balance to the doctor. I hereby authorize the attending doctor to release any information concerning my examination and or treatment.

This form is used in lieu of the patient's signatures on the HCFA 1500 form and is, therefore, an extension of that form.

Date

Signature (Patient or Authorized Person)

First Insured name: -----

First Insured Social Security #------

Insured date of birth -----

Insured Employer -----

Employer Location (City) -----

Employer Work Phone (____)_____

Kenneth B. Frederick, D.C