

# JOHNSON CHIROPRACTIC

270 S. Collins Rd., Ste. 200 \* Sunnyvale, Texas 75182  
972) 226-4444 Phone \* 972) 203-1914 Fax

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Patient Name: \_\_\_\_\_

## ASSIGNMENT OF INSURANCE BENEFITS

I authorize and direct that payment be made directly to:

**Johnson Chiropractic  
George G. Johnson, D.C.  
270 S. Collins Rd., Ste. 200  
Sunnyvale, Texas 75182**

for any and all insurance benefits or reimbursements for services rendered by him which amounts would otherwise be payable to me under any insurance or pre-paid health care plan.

**Release of Information.** I authorize the release of any information concerning my health and health care services to my insurance companies, pre-paid health plan or Medicare.

**Payment Agreement.** I understand that there is no guarantee that my insurance companies or pre-paid health plan will cover or pay for all of my charges. Notwithstanding denial, reduction of benefits, or failure to pay for any reason, I understand that I am responsible for all remaining charges.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date