

Insurance or Private Pay Assignment and Instructions for Direct Payment to Doctor

I, _____ hereby instruct the _____ insurance company to pay by check made out and mailed directly to:

**Dr. Mark J. Wasowski
P.O. Box 787
Windham, ME 04062**

Or, if current policy prohibits direct payments to the doctor, then I hereby instruct and direct you to make out the check to me and mail it as follows:

**c/o Dr. Mark J. Wasowski
P.O. Box 787
Windham, ME 04062**

I understand that this will allow the professional or medical expense benefits allowable, and otherwise made payable to me under my current insurance policy, to be directed as payment toward the total charges for services rendered.

I understand that my insurance plan may require a referral authorization, and that my coverage may have limited benefits for Chiropractic. I also understand that an insurance referral authorization DOES NOT necessarily guarantee benefits. I agree to pay for all charges denied by my insurance carrier, including but not limited to: Non-covered services, deductibles, co-pays, services exceeding maximum benefit limits, and for services for which a referral authorization was not properly obtained.

ATTN: Exams are NOT covered by Medicare and Medicaid insurance but are required for the initial visit and re-exams as necessary.

If I do not have health insurance, I understand that I am expected to pay for services as they are rendered and at the billed rate.

Signed: _____ Date: _____

NOTE:

**It is your responsibility to advise us of any changes in your insurance coverage.
Photo identification is required.**