

**ASSIGNMENT OF HEALTH BENEFITS**

The parties appearing below, hereby agree to the following conditions, covenants and terms regarding the assignment of health benefits appearing for the patient’s policy.

 I, hereafter referred to as “Patient”, understand that voluntarily agree to assign all applicable health provisions pertaining to payments or benefits appearing in my insurance policy in consideration or treatment rendered by Dr. Darren G. Hartung, hereafter referred to as “Doctor”.

 That patient, the policy holder, requests, orders and directs my insurance carrier, to pay Doctor directly to his office at Oakland Family Chiropractic Center LLC, the sum due the Doctor for treatment rendered as a result of illness/injuries Patient sustained.

 That Patient gives Doctor the exclusive right to secure the funds assigned the patient, including the right of securing counsel to represent the Doctor in collecting all sums due for treatment rendered.

 The Doctor and patient hereby enter into this assignment of benefits freely and voluntarily and evidenced by the signatures appearing below: That Patient and Doctor warrant that they have read this assignment of benefits and that each understand the legal effect of the same, and agree that each shall be bound by the covenants, terms and conditions appearing herein.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_