

Village Family Chiropractic, LLC
58 Main Street, Route 131
Sturbridge, MA 01566
Phone: 508-347-2266
Fax: 508-347-2267

ASSIGNMENT OF BENEFITS
HIPAA, BILLING AND MEDICAL RELEASE

Patient Name: _____ DOB: _____

Primary Insurance: _____

Secondary Insurance: _____

I request the payment of authorized insurance, Medicaid and Medicare benefits to be made on my or my child's/children's behalf to Dr. William B. DiGregorio for any services furnished to me by Village Family Chiropractic, LLC. I authorize any holder of medical information about me, or my child/children, to be released to the centers for Medicare and Medicaid services and its agents, or my insurance company any information needed to determine the benefits payable including HIV/AIDS, substance abuse, and/or mental health information for related services. I further agree to make payment for any and all services not paid by my health insurance plan.

Signature of Beneficiary/Guarantor

Date

Address: _____

Phone Number: _____