Boen Chiropractic, L.L.C.
Christe M. Boen, D.C., C.C.S.P.
115 Clarkson Executive Park
Ellisville, MO 63011
636-386-5900

Patient Name (please print): _____

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize payments to be made directly to Boen Chiropractic, L.L.C., for any and all insurance benefits or reimbursement for services rendered by Christe M. Boen, D.C., C.C.S.P., which amounts would otherwise be payable to me under any insurance, pre-paid health care plan, or Medicare.

_____ _____
Patient/Guardian Signature Date

RELEASE OF INFORMATION

I hereby authorize the release of any and all information concerning the health care services I receive from Christe M. Boen, D.C., C.C.S.P., and/or Boen Chiropractic, L.L.C., to my insurance companies, pre-paid health care plan, or Medicare as needed.

_____ _____
Patient/Guardian Signature Date

PAYMENT RESPONSIBILITY

I hereby accept full responsibility for payment of services rendered to me by Christe M. Boen, D.C., C.C.S.P., and/or Boen Chiropractic, L.L.C. If I am not a cash patient, I understand that any health insurance I may have is an agreement between me and my insurance company/companies to provide payment for services rendered to me and I agree to be personally responsible for payment of charges not covered by my insurance policy/policies. I understand that in the event it becomes necessary to employ an attorney to collect any outstanding monies due from me, I will be responsible for all fees incurred by Christe M. Boen, D.C., C.C.S.P., and/or Boen Chiropractic, L.L.C.

_____ _____
Patient/Guardian Signature Date