Assignment and Release

I certify that I, and/or my dependent(s),

have health insurance coverage with _____/_____

Member No. _____/_____

Group No.: _____/_____

Subscriber Name:_____/_____

Subscriber Birthdate:_____/_____

Subscriber Relation: _____/_____

Or

have a claim open with or wish to open/re-open a claim with:

1st Party Auto (Your Auto Insurance)	3rd Party Auto (Other Party's Ins)	Workers' Comp / L&I
_____	_____	_____
claim #_____	claim #_____	claim #_____

☐ I have PIP/Med Pay on my policy (Please call your Auto Insurance if you are not sure)

and assign directly to Dr. Valente/Valente Chiropractic all insurance benefits, if any, otherwise payable to me for services rendered.

- I understand that I am financially responsible for all charges whether or not paid by insurance.
- I authorize the release of any medical or other information necessary to process my claims.
- Valente Chiropractic may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services, determining insurance benefits, and/or determining benefits payable for related services.
- I understand that Valente Chiropractic PLLC may file a UCC lien in order to obtain direct payment from the above listed insurance companies. The lien may include my name, address, claim number, monies owed, an insurance company's name and address, and this form. Copies of the UCC lien can be obtained from the Washington State Department of Licensing UCC Search.
- I understand that should I open a claim, change insurances, or should my insurances coverage change that it may be necessary to sign a new assignment and release form.

By signing below, I am agreeing to the above stated and I am authorizing the use of my signature in Box 12 and Box 13 of Health Insurance Claim Forms which, respectively, gives my authorization for:

"the release of any medical or other information necessary to process [claims] [Also requesting] payment of government benefits either to myself or to the party who accepts assignment below (Valente Chiropractic)." and

"payment of medical benefits to the undersigned physician or supplier (Valente Chiropractic)"

_____ _____

Signature of Patient, Parent, Guardian or Personal Representative | Signature Date

_____ _____

Printed Name of Patient, Parent, Guardian or Personal Representative | Relationship to Patient