



# ALFRED ALMOND CHIROPRACTIC, LLC

www.AlfredAlmondChiro.com

*"Your Best Alternative"*

Dr. Daniel P. Lee, DC - Clinic Director

49 Hillcrest Drive  
Lower Level  
Alfred, NY 14802

(607) 247-4017 phone  
(607) 247-4018 fax

drlee@alfredalmondchiro.com

## Lifetime Insurance Authorization

Provider Name: **Alfred Almond Chiropractic**

I authorize the release of any medical information necessary to process claims.

I also authorize payments under my insurance programs to be made directly to the above provider for any services furnished to me.

This authorization will remain in effect indefinitely unless revoked by me in writing.

I further permit copies of the authorization to be used in place of the original.

\_\_\_\_\_  
Patient Signature (or responsible party)

\_\_\_\_\_  
Patient Name (or responsible party) (please print)

\_\_\_\_\_  
Date

**Billing services for Alfred Almond Chiropractic are performed by The Medical Office Assistant, LLC of Horseheads, New York. Please be assured that The Medical Office Assistant, LLC has signed a confidentiality clause with Alfred Almond Chiropractic and all billing matters will be kept strictly confidential. Also, full payment for services rendered by Alfred Almond Chiropractic is due within 3 months of the date the service is rendered, unless other arrangements are made in advance. Failure to comply with this agreement gives the provider the right to turn outstanding charges over to a private collection agency. My signature on this form verifies that I understand this agreement and will comply with the same.**

\_\_\_\_\_  
Signature (Insured or Authorized Person)

\_\_\_\_\_  
Date

### FOR BILLING QUESTIONS PLEASE CALL:

The Medical Office Assistant, LLC  
(607) 796-5139 or 1-888-560-8806 Toll Free

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