

East Detroit Chiropractic Center

The Mediterranean Association, PLLC
35525 Garfield Rd, Suite B
Clinton Twp, MI 48035-5521
(586) 477-1800 Fax (586) 477-1815

John M. DiMasi, DC Director
Theodore M. Koukles, DC
Richard J. Woolman, DC

NOTICE TO INSURANCE COMPANY OF ASSIGNMENT

Date _____

- You are instructed to pay directly to the doctor at his/her office for all professional services rendered to me by his/her office.
- This authorization or photocopy hereof to you is an assignment of my rights under medical coverage to the extent of this bill.
- Any sum of money paid under this assignment shall be credited to my account and I shall be personally liable for any unpaid balance to the doctor. I am also personally liable for any unpaid accounts for hospital, diagnostic and consultant services.

Patient's Signature _____

MEDICARE ONE-TIME AUTHORIZATION

I, _____, request payment of authorized medicare benefits be made either to me or on my behalf to the Mediterranean Association, PLLC dba East Detroit Chiropractic Center for any services furnished to me. I authorize any holder of medical information about me released to the Health Care Financing Administration and/or the Center for Medicare Services (CMS) and its agents, any information needed to determine these benefits or the benefits payable for related services.

Patient's Signature _____

Medicare Claim Number _____