

X-RAY ASSIGNMENT AGREEMENT

I understand that the services of a chiropractic radiologist are being utilized to insure the highest quality interpretation of my x-rays. I acknowledge that these services are separate from those of the clinic where I am receiving care, and that the charges for these services will be submitted to my insurance carrier, Worker's Compensation carrier or State Bureau and/or to my attorney in the case of personal injury.

In the event that I receive payment for these services, I agree to promptly remit payment to American Radiological Services (ARS).

I assign my insurance benefits and rights to payment to ARS to the extent of their charges, and authorized them, or their agents, to bill and release information to my insurance company, attorney and/or any third party payer. I authorize my treating physician, insurance company, attorney and/or any third party payer to provide ARS or their agents with any information concerning my claim, their services, and/or payment for their services provided.

By my signature below, I acknowledge that I have read, understand, and agree to the above provisions, and I assign my insurance benefits as described above.

Signature: _____

Date: _____

Witness: _____