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**All-Star-Health
6625 S Rural Road Suite 104 Tempe, AZ 85283**

**SIGNATURE ON FILE / PROVIDER LIEN / ASSIGNMENT OF BENEFITS
THIS COPY SERVES AS AN ORIGINAL ASSIGNMENT AND AGREEMENT**

For good and valuable consideration, I hereby assign my rights to receive any and all negligent parties and or responsible parties be they 1st party 3rd party, health insurance and or assignment of my Med-Pay to All-Star-Health PLLC. Payments should be made payable to All-Star-Health PLLC and myself and mailed to the above address. I understand that if All-Star-Health PLLC, receives more than their outstanding balance the credited amount is to be paid to me, the patient.

I fully understand that I am directly and fully responsible to All-Star-Health PLLC for all Chiropractic and/or Medical bills submitted by it for services rendered to me and this agreement is made solely for All-Star-Health PLLC's further protection and in consideration of awaiting for payment. I further understand that such payment is not contingent on any settlement, claim, judgment or verdict by which I may eventually recover said fee.

I permit All-Star-Health PLLC to endorse my name for co-issued remittance for the convenience of credit to my account.

If permissible, a separate check shall be made out to: All-Star-Health PLLC for medical bills from the final settlement. Should there be an attorney representing me, I still authorize direct payment.

I authorize release of my medical information necessary to complete and process my insurance claims.

I authorize All-Star-Health PLLC to act as my agent in helping me obtain payment from all insurance companies and or third party liability claims.

I authorize payment of medical benefits for services rendered direct to All-Star-Health PLLC.

I permit a photocopy or simulated reproduction of this authorization to be used in place of the original.

Printed Name: _____

Signature: _____

Date: ____/____/____