



The Acupuncture Works, Linda Robinson-Hidas LicAc

417 West Street #115 | Amherst MA 01002 | p: 413-253-2900

Assignment of Benefits

I _____, hereby assign to Linda Robinson-Hidas, LicAc the benefits that I am eligible to receive for the care rendered by her. I instruct and direct payments to be made directly to her.

Date of Birth _____ Phone # _____

Address _____

Auto Accident Workers compensation Other coverage _____

Adjuster/ claims manager _____

Insurance Company _____

Address _____

Phone _____

Policyholder _____ M or F
self spouse parent policy holder's date of birth

Policyholders address if different: _____

Policy Number _____

Group Number _____

Date of accident or first symptom _____

I authorize the release of any information to any insurance company, adjuster, attorney or physician that will assist in payment now or in the future.

I fully understand and agree that insurance policies are an arrangement between an insurance carrier and myself. I will be responsible for any expense not paid by insurance.

A copy of this form shall be considered as effective and valid as the original.

Signature

Date