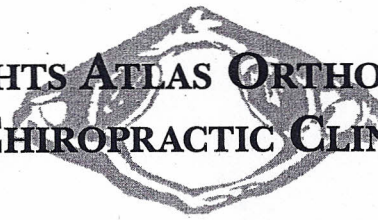


HEIGHTS ATLAS ORTHOGONAL CHIROPRACTIC CLINIC



Connie Lang D.C., B.C.A.O.
e-mail: heightsaochiropractic@yahoo.com
www.drclang.nutrametrix.com
www.heightschiroclinic.com

Stacy Struble D.C., B.C.A.O.
e-mail: drstacys@yahoo.com
www.marketamerica.com/drstacy
www.heightschiroclinic.com

3444 SE 6th Avenue • Topeka, KS 66607 • 785-354-8909

SIGNATURE ON FILE

- I authorize use of this form for **ALL** my insurance submissions.
- I authorize release of information to **ALL** my **INSURANCE COMPANIES**.
- I understand that **I AM RESPONSIBLE** for the charges incurred whether my insurance company pays or not.
- I am the **RESPONSIBLE PARTY** for charges incurred whether Heights Atlas Orthogonal Chiropractic Clinic is a provider or not a provider for my insurance company.
- I understand that **I AM RESPONSIBLE** for charges incurred for any missed appointments.
- I authorize Heights Atlas Orthogonal Chiropractic Clinic as **MY** agent to help me obtain payment from my Insurance Company.
- I authorize payment directly to Heights Atlas Orthogonal Chiropractic Clinic.
- I permit a **copy** of this authorization to be used in place of the original.

NAME _____

SIGNATURE _____ **DATE** _____

