

***Brodwyn & Associates
3624 Edgewood Rd, Suite A
Columbus, GA 31907
706-563-3370***

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR

I, _____, hereby instruct and direct the _____
(Claimant) (Insurance Company Name)
Insurance Company to make payment directly to:

Brodwyn & Associates
3624 Edgewood Rd
Suite A
Columbus, GA 30907

Or

If my current policy prohibits direct payment to the doctor, then I hereby also instruct and direct you to make out the check to me and mail it to:

Brodwyn & Associates
3624 Edgewood Rd
Suite A
Columbus , GA 31907

The professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for profession services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHT AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above-mentioned assignee and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Dated at _____ this _____ day of _____ 20____.
(Time) (Day) (Month) (Year)

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder

NOTICE TO MEDICARE – PART B BENEFICIARIES

NOTICE OF STATUTORY NON-COVERED SERVICES

PLEASE BE AWARE OF THE FOLLOWING MEDICARE REGULATIONS CONCERNING CHIROPRACTIC CARE

In accordance with the Medicare Act. Section 1842(i), this letter is to advise you that Medicare will only pay for services that it determines to be "reasonable and necessary" under Section 1862(a)(i) of the Medicare Act. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary," under Medicare program standards, Medicare will deny payment for that service.

- **Medicare limits chiropractic reimbursement to manual manipulation. Reimbursement is based on medically necessary correction care only, maintenance care is not covered.**
- **Medicare DOES NOT reimburse for charges of exams, x-rays, therapy, extremity adjustments, decompression, cold laser, acupuncture, supplements or supports from a chiropractor.**
- **X-rays and/or an exam may be required to update your condition should a new course of treatment be initiated.**
- **Medicare patients will be responsible for deductible amounts, all non-covered charges and possibly any denied visits which exceed Medicare guidelines.**
- **Medicare supplemental policies and or secondary policy benefits may be affected by Medicare denials.**

_____ Our office agrees to Accept Assignment
Your will be responsible for 20% co-payment on the allowable charge for manual manipulation in addition to those charges not covered which are listed above.

_____ Our office DOES NOT ACCEPT ASSIGNMENT
You will be responsible for all charges incurred. Charges for manual manipulation will be assessed at Medicare's Limiting Charge. Our office will file your claims for you and reimbursement from Medicare will be based on 80% of the allowable charge for manipulation only.

I have read and understand the limitations of my Medicare coverage and the affects it may have on any supplement or secondary policies. I am aware that I will be responsible for any charges that Medicare denies or deems over "reasonable and necessary".

Signature of Patient

Date