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Prepared: 11/13/12

**Notice/Letter Regarding Assignment**

*(Insurance Agent, Representative, or Third Party Administrator)*

Street Address

City, State Zip

 RE: *(Patient)*

 Date of Birth

Dear :

 This office has the privilege of providing chiropractic services on behalf of *(patient)* . In connection with our services, I have enclosed an Assignment of Insurance Benefits form which has been signed by this patient/legal representative. We would ask that you acknowledge and comply with the terms of this assignment agreement.

 At such time that benefits are payable to this office, please insure that all payments are directed to the following address: .

It should be noted that this assignment cannot be rescinded or revoked without the express written agreement of this office. You will note that a copy of this document is valid as the original.

 Please do not hesitate to contact me or my office staff with any questions you might have. Thank you.

 Doctor

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