

AUTHORIZATION FOR EXTENDED HEALTH CLAIM SUBMISSIONS

Renaissance Chiropractic Natural Health Centre is pleased to announce that we are now able to process Direct Billing for several Extended Health Care Companies. Please be advised that Renaissance Chiropractic Nature Health Centre is NOT responsible for collection of their fees from any insurance company.

We offer this service as a convenience, and will make a one-time submission for any service received within this office, to be paid either to the subscriber (if fee was paid at time of service) OR to the PROVIDER.

Any fees not paid, or in dispute for coverage become immediately due for payment by YOU, the patient.

You are therefore advised to thoroughly investigate and know your plan's coverage, and that of any dependants. The following information may be required. Be aware that your plan may have unique restrictions.

Patient Name:	DOB:
Primary Cardholder	DOB:
EHC:	
Date of Coverage Renewal: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year	
<input type="checkbox"/> same for all services	
<input type="checkbox"/> different for each service	

SERVICE	MAX	Initial	Subsequent	Co-pay	Renewal Date
Chiropractic					
Registered Massage Therapy					
Orthotics					
Acupuncture					
MD script required for any of above? Which, if any?					

I authorize Renaissance Chiropractic to bill my Extended Health Company directly for services rendered by any of the health practitioners within this office. These services may include Chiropractic, Registered Massage Therapy, Acupuncture and Orthotics.

I accept responsibility for any outstanding balances for said services that are not paid for by my Extended Health Care Insurance Company. Balances are due immediately upon denial of a claim, regardless of the reason.

I will advise Renaissance Chiropractic immediately if this permission to bill directly is to be revoked.

NAME: _____ DATE: _____