

# Columbia Advanced Chiropractic, LLC

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Dr. Allen Manison  
8835 Columbia 100 Pkwy, Suite D  
Columbia, Maryland 21045

Telephone (410) 964-3229  
Fax (410) 964-9671  
[www.yourchiropractor.net](http://www.yourchiropractor.net)

## **AUTHORIZATION AND ASSIGNMENT**

### **Section A: Authorization and Agreement**

#### **Medical Information Release Authorization**

I hereby authorize release of all records pertaining to my medical history, treatment, or payment information, which is required in the processing of applications for payment of benefits, to Columbia Advanced Chiropractic, LLC, and Dr. Allen Manison.

#### **Insurance Information Release Authorization**

I hereby authorize Columbia Advanced Chiropractic, LLC, and Dr. Allen Manison, to release to my referring doctor, any other doctor(s) I am a patient of, and insurance company any information concerning my physical condition or treatment.

#### **Late Fees, Breach, Costs and Attorney's Fees, Venue**

If a credit card payment is declined or a balance is otherwise owed and the balance is not paid within thirty (30) days of billing, interest shall begin to accrue at six percent (6%) per annum. (A separate fee for a returned {bounced} check equals the amount the bank charges Columbia Advanced Chiropractic, LLC plus \$30.00.) **In addition, a late fee shall be added to the account up to \$5.00 per month, or up to ten percent (10%) per month of the payment amount which is past due, whichever is greater.** If an account is turned over to an attorney for collection, the patient is responsible for payment of all attorney's fees actually incurred to collect the amount due hereunder, even if the attorney's fees exceed the amount to be collected, plus interest, late fees and the actual costs of collection, whether or not a law suit is filed. In the event that a law suit is filed, said action shall be brought in the courts of Howard County, Maryland.

#### **Binding Obligation, Entire Agreement**

All signatories to this Agreement warrant that they have full and complete authority to enter into this Agreement and to sign said Agreement on behalf of themselves or the entity on whose behalf they are signing or both. This Agreement shall constitute the entire Agreement between the parties hereto, and no variance or modification thereof shall be valid and enforceable except by another agreement, in writing, executed and approved in the same manner as this Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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## **AUTHORIZATION AND ASSIGNMENT**

### **Section B. Assignment and Waiver**

#### **Assignment of Insurance Benefits or Legal Claim**

In the case of an insurance or legal claim, I hereby assign and transfer to Columbia Advanced Chiropractic, LLC, and Dr. Allen Manison, all proceeds of any such claim and authorize the insurance company or my attorney to pay all sums due to Columbia Advanced Chiropractic, LLC, and Dr. Allen Manison from said proceeds before paying the balance of said proceeds to me. I further authorize direct payment of medical benefits from my insurance company or attorney to Columbia Advanced Chiropractic, LLC, and Dr. Allen Manison, for all services rendered. I understand that I am financially responsible for any balance not covered by my insurance or a third party claim, and I hereby assume full responsibility for all charges incurred for professional services rendered by Columbia Advanced Chiropractic, LLC and Dr. Allen Manison.

#### **Waiver**

For the purposes of assigning any insurance benefits or legal claims, I hereby waive the statute of limitations with respect to a third party cause of action.

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