

**South Portland Chiropractic & Massage Center  
597 Main Street, South Portland, Maine 04106  
Dr. Gary W. Smart  
207-774-7242**

**ASSIGNMENT & RELEASE**

My Attorney and / or Insurance Company are hereby requested and authorized to pay directly to South Portland Chiropractic and Massage Center any monies due on account; the same to be deducted from any settlement made on my behalf. Further, I agree to pay South Portland Chiropractic and Massage Center the difference, if any, between the total amount due and the amount paid by my Attorney and / or Insurance Carrier. I also agree to pay the full amount due for services rendered, if for any reason the Insurance Carrier does not pay my claim. I further authorize South Portland Chiropractic and Massage Center to release information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I also understand that failure to pay may result in further collection efforts by an outside agency.

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**PRIVACY PRACTICES ACKNOWLEDGEMENT**

I have received the *Notice of Privacy Practices* and I have been provided an opportunity to review it.

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**MISSED APPOINTMENT POLICY**

Due to the high volume of missed appointments it has become necessary for us to charge a fee when an appointment is missed. To avoid this charge please call 24 hours in advance.

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I have read, understand and agree with the above statements.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_