

INSURANCE ASSIGNMENT & RELEASE

I, the undersigned, have insurance with _____

and assign directly to Dr. Randall Pewarchuk all benefits, if any, otherwise payable to me for services

rendered. **I understand that I am financially responsible for all charges whether or not paid by my**

insurance. I hereby authorize the doctor to release all information necessary to secure the payment of

benefits. I authorize the use of this signature on all my insurance submissions whether manual or

electronic.

All balances past 60 days (including insurance balances) will incur a \$7.00 billing fee on a monthly basis until paid in full.

A \$45.00 charge will be assessed for all short notice cancellations (less than 24 hours) and no shows. We require 48 hours notice for copies of your records.