

Assignment of Benefits

I hereby instruct and direct the insurance company designated below to issue direct payment to Jump Start Consulting, LLC (DBA Inner Door Center), for the medical expenses allowed under my current insurance policy. Such payment shall be applied towards the total charges for the services rendered on my behalf by Jump Start Consulting, LLC and that are invoiced to my insurance company. This assignment is a direct assignment of my rights and benefits under my insurance policy. I agree to pay to Jump Start Consulting, LLC, in a current and timely manner, any balance of medical charges and expenses over and above the amount of the allowed insurance payment, including charges for any services not covered by insurance, co-pays, expenses and any deductibles that are required pursuant to the above-mentioned insurance policy.

Patient's Signature

Date and Time

Patient's Name Printed

Social Security No.

Patient's Agent or Guarantor

Relationship

Reason for Other Patient's Signature

Name of Insurance Company: _____

Group Number/Policy Number: _____