JAMES P. HILDEBRAND, D.C., D.A.B.C.O Crystal Commons

Chiropractic Orthopedist 2755 Buffalo Rd

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**PAYMENT AUTHORIZATION AGREEMENT**

**It is the policy of this office to submit claims for you to your insurance company. On occasion an insurance company may not authorize treatment for services they feel are not medically necessary. On the event that your insurance company denies payment for services rendered; you will be notified in a timely fashion and subsequently billed.**

**Please note we will do everything possible to obtain authorization and payment directly from your insurance company.**

**Please sign below indication that you agree to pau any charges set forth for the health service provided in this office that may not be covered by your insurance company.**

**The signing of this agreement was done prior to any health service being provided to me.**

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

**Patients Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**