Assignment and Release

I, undersigned certify that I or my dependent(s) have insurance and assign directly, to Albuquerque Alternative Health all insurance benefit, if any, other wise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. Any balance due whether or not insurance pays is due within 60 days or release from care. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions and I agree that a copy of this form is as valid as original.

Name of Responsible Party:

_____	_____
Print Name	**Signature**
_____	_____
Relationship	**Date**