Jeffers' Neck & Back Pain Center

Insurance Release and Assignment of Benefits

I hereby authorize my insurance company or companies to pay the proceeds of any benefits due me for services rendered by Jeffers' Neck & Back Pain Center directly to:

Dr. Thomas P. Jeffers
101 Roberts Lane Suite 1B
Milford PA. 18337

I also aurhorize the release of any information including the diagnosis and the records of any x-rays, treatments or examinations rendered to my insurance company or companies.

Name of Insurance Company or Companies

1._____

2._____

_____ _____
Patient Signature Date

_____ _____
Signature of Parent or Guardian Date

* A copy of this form can be considered as an original for insurance purposes.