

Middleway Medicine

Ann E.W. Zimmerman Lac
State license #:AC00920

312 East Main St.
Talent, OR 97540
541-535-5082

R. Clark Zimmerman LAc.
State license #:AC00921

Insurance Information

Name of Insurance Co.: _____	
Name of Insured: _____	SS#: _____
Policy or ID#: _____	Group #: _____
Address: _____	Phone #: _____
City, State & Zip: _____	
Name of Adjuster: _____	Claim #: _____

I agree to be financially responsible for all charges incurred at this office, including my insurance deductible, co-payment and any services rejected by my insurance company.

Signature (Patient/Parent/Guardian)

Date

Release of Information

I authorize this office to release any information that is required or necessary for my claim to any insurance company, adjuster, or attorney involved in this case; and hereby release this office of any consequence thereof.

Signature (Patient/Parent/Guardian)

Date

Assignment

I hereby instruct and direct my insurance company to pay by check, made out and mailed directly to Middleway Medicine, the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment towards the total charges for professional services rendered by this office.

Signature (Patient/Parent/Guardian)

Date