

POWER OF ATTORNEY AND MEDICAL RELEASE

POWER OF ATTORNEY TO ENDORSE CHECKS AND/OR TO SIGN ANY PIECE OF PAPER WHICH WILL ENHANCE OR EXPEDITE PAYMENT TO PROVIDER FOR SERVICES RENDERED, INCLUDING BUT NOT LIMITED TO A RELEASE OF MEDICAL RECORDS AND ASSIGNMENT OF BENEFITS/AUTHORIZATION TO PAY.

Know by all these present that: The undersigned has made, constituted and appointed, and by these present does hereby make, constitute and appoint **Bauman Chiropractic Clinic**, and any of it's duly authorized agents and employees as and to be the undersigned's true and lawful attorney for and in the undersigned's name place and stead to endorse any and all checks, drafts, or money orders which are made payable to the undersigned alone or to the undersigned and the said **Bauman Chiropractic Clinic**, which checks, drafts or money orders are made payable for services which have been made by **Bauman Chiropractic Clinic**, at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft, or money order.

Furthermore, the undersigned allows **Bauman Chiropractic Clinic** or any of it's agents to sign any paper that will be necessary to enhance, expedite, and/or allow payment to said provider. This may include affidavits of non-ownership of vehicles, insurance forms, and other statements.

The undersigned by these presents does give and grant the said Bauman Chiropractic Clinic as attorney full power and authority to do and perform all and every act whatsoever requisite and necessary to be done in and about the premissis as fully to all intents and purposes as the undersigned might or could do to personally present insofar as the endorsing and cashing of said checks are concerned as well as any other document.

MEDICAL RELEASE

A photocopy of this document shall be sufficient to authorize any person having records, medical treatment, services, or supplies pertaining to me to release true copies of the same to **Bauman Chiropractic Clinic** or any insurer providing coverage to me in connection with the processing of any claim for benefits made by me or by the assignee herein. A photocopy of this document shall be binding as an original signature page.

The undersigned does hereby ratify and confirm any and all actions taken by the attorney in accordance with this special power and which the said attorney shall do or cause to be done by virtue of these presents.

ASSIGNMENT OF BENEFITS

I, _____ Hereby authorize _____
(Name of Insured / Patient) (Name of Insurance Carrier)

to make medical benefits payments otherwise payable to me for services rendered by Bauman Chiropractic Clinic, but not to exceed the charges of those services payable and mailed directly to :

Bauman Chiropractic Clinic
3613 Hwy 231 North
Panama City, FL 32404

furthermore, I hereby **IRREVOCABLY ASSIGN** to **BAUMAN CHIROPRACTIC CLINIC** the rights and benefits under any policy of insurance, indemnity agreement, or any other collateral source as defined in Florida Statutes for any service and or charges provided by **Bauman Chiropractic Clinic**.

IN WITNESS WHEREOF the undersigned have hereunto set their hands, this _____ day of _____, 2008.

PATIENT'S SIGNATURE

PATIENT'S NAME (PLEASE PRINT)