

Hengel Family Chiropractic, P.A.
Gregory Hengel, Jr., D.C.
1504 Kings Highway, Suite 300
Port Charlotte, FL 33980
941-629-0500

POWER OF ATTORNEY

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 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 **Hengel Family Chiropractic, P.A.**, and any of its duly authorized agents and employees to be the undersigned's true and lawful attorney for and in the undersigned's name, place, and state to endorse any and all checks, drafts or money orders which are made payable to the undersigned alone or to the undersigned and **Hengel Family Chiropractic, P.A.**, 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 **Hengel Family Chiropractic, P.A.** or any of its 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 this presence does give and grant **Hengel Family Chiropractic, P.A.** as attorney the full power and authority to do and perform all and every act required and necessary to be done as fully to all intents and purposes as the undersigned might or could do to the 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 documentation shall be sufficient to authorize any person having records of medical treatment, services, or supplies pertaining to me to release true copies to **Hengel Family Chiropractic, P.A.** 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 as binding as an original signature page.

The undersigned does hereby ratify and confirm any and all actions taken by **Hengel Family Chiropractic, P.A.** in accordance with this special power and which the said attorney shall do or cause to be done by virtue of these present.

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 **Hengel Family Chiropractic, P.A.**, but will not exceed the charges of those services, payable to, and mailed directly to:

Hengel Family Chiropractic, P.A.
1504 Kings Highway, Suite 300
Port Charlotte, FL 33980

Futhermore, I hereby IRREVOCABLY ASSIGN to **Hengel Family Chiropractic, P.A.** 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 **Hengel Family Chiropractic, P.A.**

IN WITNESS WHEREOF the undersigned have hereunto set their hands, this _____ day of _____, 2007.

PATIENTS SIGNATURE

PATIENT'S NAME (PLEASE PRINT)