Finucan Chiropractic
Dr. Francine Finucan, B.S., D.C.
32 Washington Avenue Endicott, NY 13760 • (607) 239-5388

SIGNATURE ON FILE

_____ **I authorize use of this form on all my insurance submissions.**

_____ **I authorize release of information to all my insurance companies.**

_____ **I understand that I am responsible for my bill.**

_____ **I authorize my doctor to act as my agent in helping me obtain payment from my insurance companies.**

_____ **I authorize payment direct to my doctor.**

_____ **I permit a copy of this authorization to be used in place of the original.**

NAME (please print)_____

SIGNATURE _____

DATE _____