

**North Suburban Chiropractic and Acupuncture**  
**9464 N. Federal Blvd.**  
**Westminster, Co 80260**  
**PH: 303-427-2225**  
**Fax: 303-430-1158**

ASSIGNMENT OF INSURANCE BENEFITS

I, \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_, pursuant to Colorado Revised Statute CRS 10-4-634 I

do hereby assign to the following healthcare provider:

North Suburban Chiropractic & Acupuncture  
9464 N. Federal Blvd  
Westminster, CO 80260

my medical payment benefits from \_\_\_\_\_

\_\_\_\_\_  
(Motor vehicle insurance company) under policy / claim # \_\_\_\_\_

And I hereby direct said insurance company to pay directly to the healthcare provider all bills submitted under the medical payment provisions of said policy.

Date \_\_\_\_\_

Signature \_\_\_\_\_