

**Kutschman Chiropractic & Acupuncture Center**  
*Natural Healthcare for the Whole Family*

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Dr. David R. Kutschman  
Chiropractic Physician  
Certified Acupuncturist  
N.A.E.T. Specialist  
Applied Kinesiology

494 Sycamore Avenue, Suite 205  
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Phone: (732) 747-5022  
Fax: (732) 747-5882

**Assignment of Benefits Form**

Patient Name: \_\_\_\_\_

I irrevocably assign to Kutschman Chiropractic & Acupuncture Center (“KCAC”) all my rights and benefits under any insurance contracts for payment for services rendered to me by KCAC. I irrevocably authorize all information regarding my benefits under any insurance policy relating to any claims by KCAC to be released by KCAC. I irrevocably authorize KCAC to file insurance claims on my behalf for services rendered to me. I irrevocably direct that all such payments go directly to KCAC. I irrevocably authorize KCAC to act on my behalf and report any suspected violations of improper claims practices to the property regulatory authorities.

This assignment of benefits has been explained to my full satisfaction and I understand its nature and effect.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_