

**Augello Chiropractic
1578 Easton Avenue
Bethlehem, Pa 18017
610-866-4440**

MEDICAL INFORMATION RELEASE

I HEREBY AUTHORIZE THE RELEASE of all my medical records to Augello Chiropractic. I also give my permission to Augello Chiropractic to release my medical records to all health care providers who are treating me or may treat me in the future.

Signature_____Date_____

AUTHORIZATION OF BENEFITS

I HEREBY AUTHORIZE PAYMENT of medical benefits directly to this office for professional services rendered and I shall be personally responsible for any unpaid balance to Augello Chiropractic. In the event that this account is placed for collections you will be assessed a collection fee and you will be responsible for any attorney fees, cost of collections and recovery fees. These fees will be added to your outstanding balance.

Signature_____Date_____