

**Pulse Chiropractic Clinic
12325 Scarsdale Blvd.
Houston, TX 77089**

ASSIGNMENT OF BENEFITS

PATIENT INFORMATION

Name: Last _____ First _____ M.I. _____

Address _____

City, State _____ Zip Code _____

Relationship to Subscriber: Self ___ Spouse ___ Child ___ Other (Please specify) _____

SUBSCRIBER INFORMATION

Name: Last _____ First _____ M.I. _____

Subscriber ID # _____ Group ID# _____

Health Plan Name _____

PATIENT DECLARATION

I hereby authorize and direct payments to Dr. Katherine S. Pulse, D.C.
12325 Scarsdale Blvd.
Houston, TX 77089

Patient Signature _____ **Date** _____