



648 N. Alameda Blvd. Las Cruces, NM 88005  
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[www.mychirolovesme.com](http://www.mychirolovesme.com)

### **ASSIGNMENT OF BENEFITS**

I authorize, Dr. Chris W. Daugherty D.C. to release to \_\_\_\_\_  
\_\_\_\_\_ any medical information necessary to process this claim.

I also request payment of benefits be made directly to Dr. Chris W. Daugherty D.C.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Claim #: \_\_\_\_\_

Policy #: \_\_\_\_\_

***\*If going through an Attorney please fill out the following:***

Attorney's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**NOTE:** If the company's policy is to send payment directly to the patient, we requested that the check be made payable to both Dr. Chris W. Daugherty and the patient.