

Point to Health Acupuncture
Danielle Quast LAc. MAcOM., NTP
3804 SE Belmont
Portland OR. 97214
503-860-5009

Insurance consent form

Assignment of Release

I hereby assign and set over to Danielle Quast LAc all of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all changes whether or not they are covered by insurance. I authorize you to release my medical records to QMBS billing center to process my medical claims for reimbursement. These claims will be filed electronically if applies.

Patient Signature _____ Date _____