

340 Legion Drive, Suite 2
Lexington, KY 40504

Chiropractic Pain and Injury Center

Dr. Rob Kennedy, DC

859.275.1962 (phone)

859.275.1966 (fax)

Today's Date: _____

Patient Name: _____

DOB: _____

Insurance Company: _____

To Whom it May Concern,

In the event of a negative authorization or claim decision, I hereby assign Chiropractic Pain and Injury Center to be my representative for all appeals necessary. This assignment shall be in effect until rescinded in writing.

Signed,