

Abundant Living Health and Wellness

Dr. Mark Ahrens D.C.

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Signature on File

- I authorize use of this form on all my Insurance submissions
- I authorize release of information to all my Insurance Companies
- I understand that I am responsible for my bill
- I authorize my doctor to act as my agent in helping me obtain payment from my Insurance Companies
- I authorize payment directly to my doctor
- I permit a copy of this authorization to be used in place of the original

Printed Name: _____

Signature: _____ Date: _____