

## ASSIGNMENT, LIEN, RELEASE & POWER OF ATTORNEY

THIS AGREEMENT entered into this date and between \_\_\_\_\_ called "PATIENT" and Chiropractic Plus, P.C.

WHEREAS Patient desires to receive medical/rehabilitation services from Chiropractic Plus, P.C. and desires to assign certain rights and benefits to Chiropractic Plus, P.C. as consideration for Chiropractic Plus, P.C. awaiting payment of such benefits.

Accordingly, it is hereby agreed:

- Patient hereby authorizes Chiropractic Plus, P.C. to furnish a full report and records regarding case history, examination, diagnosis, treatment and prognosis, x-rays, laboratory reports and the results of all tests of any type or character of Patient as such persons as Chiropractic Plus, P.C. deems appropriate.
- Patient assigns to Chiropractic Plus, P.C. any and all benefits payable by Patient's insurance or health care plans(s) as a result of charges incurred by Patient for services rendered by Chiropractic Plus, P.C. Patient also assigns to Chiropractic Plus, P.C. any and all contractual rights Patient has against insurance company, health care benefit plan, or any other party possible liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by Chiropractic Plus, P.C.
- Patient fully understands that Patient is directly and fully responsible to Chiropractic Plus, P.C. for all bills submitted for services rendered and that this agreement is made solely for additional protection and consideration for awaiting payment. Patient further understands that such payment is not contingent on any settlement, claim, judgment, or verdict, which Patient may eventually recover. In the event of non-payment or reduced payment by any insurance company, health care benefit plan or any other party possible liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by Chiropractic Plus, P.C., patient agrees to be responsible for any such outstanding balance, including interest at a rate of 9%, reasonable attorney's fees and costs.
- Patient fully understands that the lien and assignment given to Chiropractic Plus, P.C. herein is irrevocable and can not be superceded.
- By executing this agreement, Patient hereby instructs and directs any attorney-representing Patient to honor the above lien and assignment and make payment under the lien and assignments directly to Chiropractic Plus, P.C. Patient directs that attorney be bound by this lien and treat it, irrevocably, as an assignment due to Chiropractic Plus, P.C. Chiropractic Plus, P.C. is relying upon this lien, assignment and directive to any attorney, and as a result of such reliance, Chiropractic Plus, P.C. is providing care and treatment for which this lien, assignment and directive provides security for payment. Moreover, Patient agrees that Chiropractic Plus, P.C. is to be viewed as a third party beneficiary of this direction to Patient's attorney and it is Patient's intent to impose upon Patient's attorney an obligation to comply with the terms of this directive.
- Patient hereby directs all insurers and other persons possibly responsible for Patient's healthcare costs to make all payments for healthcare services rendered by Chiropractic Plus, P.C. directly to Chiropractic Plus, P.C.
- Patient agrees that in the event Patient receives any check, draft, or other payment subject to this agreement, Patient agrees to act as fiduciary agent for Chiropractic Plus, P.C. directly to Chiropractic Plus, P.C.
- Patient hereby appoints Chiropractic Plus, P.C. as Patient's true and lawful attorney, irrevocably, and with full power of substitution, for Patient and in Patient's name, to ask, demand, sue for, collect, endorse, sign and receive proceeds form insurance, other health benefits, and third party claims relating to services rendered to Patient by Chiropractic Plus, P.C. Chiropractic Plus, P.C. is not obligated or compelled to exercise such powers but may do so in Chiropractic Plus, P.C.'s sole discretion. Patient agrees to fully cooperate with Chiropractic Plus, P.C. in collecting said amounts.

- Chiropractic Plus, P.C. agrees to submit a copy of this agreement with the initial claim form(s) which Chiropractic Plus, P.C. submits to third party payor(s) as notice to the third party payor(s) of the assignment and other agreements contained herein. At the time each claim is submitted, a copy of the claim will be stored for safekeeping in Patient's file and may be picked up by the Patient, upon reasonable request and during normal business hours, or upon written request by patient, be mailed to the designated address.
- I hereby authorize my attorney to disclose any distribution sheet or final accounting sheet to me and waive any attorney/client privilege as it relates to any settlement or distribution of funds.
- Patient hereby authorizes Chiropractic Plus, P.C. to receive a complete copy of Patient's insurance policy, including any endorsements, conditions, limitations or exclusions.
- A copy of this document shall be as binding as the document bearing the original signatures.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patients Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chiropractic Plus, P.C.