

Assignment of Benefits

To: Attorney/Insurance Carrier

Back To Life Chiropractic Center

Policy # _____

RE: Patient Records, Service Lien, Assignment of Benefits

I do hereby authorize the above Back To Life Chiropractic Center to furnish you, my attorney/insurance carrier with a full report of their case history, examination, diagnosis, prognosis and service of/to myself in regard to my accident/illness which occurred/began on _____.

I do hereby give a lien to Back To Life Chiropractic Center on any settlement, claim, judgment or verdict as a result of said accident/illness, and authorize and direct you, my attorney/insurance carrier, to pay directly to Back To Life Chiropractic Center such sums from which settlement, claim, judgment or verdict as may be necessary to protect Back To Life Chiropractic center adequately.

I agree never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that, in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him/her.

Please acknowledge this letter by signing below and returning to the doctor's office. I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but may declare the entire balance due and payable.

I fully understand that I am directly and fully responsible to Back To Life Chiropractic Center for all just bills submitted by them for service rendered to me, and that this agreement is made solely for Back To Life Chiropractic Center's additional protection and in consideration of their awaiting payment.

I further understand that the above mentioned payment is not contingent on any settlement, claim, judgment or verdict by which I may eventually recover said fee.

Dated: _____ Patient's Signature: _____

The undersigned, being the attorney of record for the above patient, does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor above-named. Attorney further agrees that, in the event this lien is litigated, the prevailing attorney will be awarded attorneys' fees and costs.

Dated: _____ Attorney's Signature: _____

Dated: _____ Insurance Co. Signature: _____

*****Note: Please date, sign and return one copy to doctor's office. Also keep one copy for your records.*****