

Authorization and Assignment

To: Dr. _____

In consideration of your undertaking to treat me, I agree to the following:

Authorization to Release information

You are authorized to release any information you deem appropriate concerning my physical condition to any insurance company, attorney or adjuster in order to process any claim reimbursement of charges incurred by me as a result of professional services rendered by you and I hereby release you of any consequence thereof.

Assignment of Cause of Action

In the event any insurance company is obligated by contractual agreement to make payment to me or to you for the demand by you, I hereby assign and transfer to you the cause of action that exists in my favor against any such company (the names of which are believed to be correctly set forth under pertinent data below) and authorize you to prosecute said action either in my name or your name as you see fit and further authorize you to compromise, settle or otherwise resolve said claim as you see fit. However, it is understood that until all reasonable efforts have been made to collect from insurance proceeds (whether it be all or part of what is due.) I personally owe you and agree to pay in a current manner.

Authorization to Pay Directly to Doctor

To: _____
Name of Attorney and/or Insurance Company

In consideration of the chiropractic services rendered (and to be rendered.) I authorize and direct the payment to the doctor named above of any sum I now or hereafter owe; by you, my attorney, out of the proceeds of any settlement of my case, (any settlement for services by Advanced Chiropractic Specialists, requires the doctor's prior written agreement) and /or by any insurance company obligated to reimburse me for the charges for services or otherwise obligated to make payment to me or to my Chiropractor based in whole or in part upon the charges made for those services.

Acknowledgment and Understanding

I hereby acknowledge that I am receiving (or are about to receive) health care services at Advanced Chiropractic Specialists, and that I have been advised that the doctor providing the services by Advanced Chiropractic Specialists, requires the doctors written agreement. I understand that if it is determined either:

(A) That there is no insurance company obligated to pay for the services, or if the insurance company involved refuses to acknowledge an assignment to the doctor or make other provisions for the protection of the interest of the doctor, or

(B) If a liability claim exists, and my attorney refuses to agree to protect the interest of the doctor, or if I have not engaged the services of an attorney; then payment for services rendered by the doctor at Advanced Chiropractic Specialists will be made on a current basis and my bill paid in full as soon as my liability claim is settled or the passage of three months from my last treatment, whichever occurs first.

I further understand that if I default on any portion of the amount owed, I agree to pay any and all reasonable collection fees and attorney fees as prescribed by law.

Date: _____ Witness: _____

Patient's Printed Name: _____ Patient's Signature: _____