



AUTHORIZATION OF ASSIGNMENT AND LIEN

I hereby authorize and direct any and all insurance carriers, attorneys, and/or other legal entities which may elect or be obligated to pay, provide, or distribute benefits to me for any medical conditions, accidents, injuries, or illnesses, past, present or future to pay directly and exclusively in the name of Anderson Chiropractic Center such sums as may be owing to Anderson Chiropractic Center for charges incurred by me at the office relating to my condition.

I further grant a lien to Anderson Chiropractic Center with respect to my charges. This lien should apply to all payers and to the full extent permitted by law. For the purposes of this document benefits shall include, but not be limited to proceeds for any settlement, judgment or verdict as well as any proceeds relating to commercial health or group insurance, attorney retainer agreements, medical payment benefits, personal injury protection, no-fault coverage, uninsured and underinsured motorist coverage, third-party liability distributions, disability benefits, worker's compensation and any other benefits or proceeds payable to me for the purposes stated herein.

In the event that I retain one or more attorneys to represent me in this matter who are not located in North Carolina; I will direct each attorney to issue a letter of protection to this office regarding my charges. Upon issuance, I hereby agree that such letter(s) of protection cannot be revoked or modified without the expressed written consent of this office.

I authorize this office to release any information regarding my treatment or pertinent to my case(s) to all payers to facilitate collection under this Assignment and Lien.

I further authorize and direct all payers to release to Anderson Chiropractic Center any information regarding any coverage or benefit which I may have including, but not limited to, the amount of coverage, the amount paid thus far, and the amount of any outstanding claims.

I hereby direct this office to file a copy of this Assignment and Lien, together with any applicable charges, with any or all payers, regardless of whether a claim has been established with said payers.

I hereby authorize Anderson Chiropractic Center to endorse/sign my name on any and all checks listing me as a payee, which are presented to this office for payment of an account relating to me. I further authorize Anderson Chiropractic Center to apply any credit balances on charges incurred by me to any other outstanding charges still owed by me.

I hereby authorize and direct my attorney to disclose upon the request of Anderson Chiropractic Center, any settlement amounts or any offers made on my case from any potential payers.

I understand that I remain personally responsible for the total amounts due to Anderson Chiropractic Center for their services. This Assignment and Lien does not constitute any consideration for this office to await payments and it may demand payments from me immediately upon rendering services at its option. If this office must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse Anderson Chiropractic Center for all costs of such collection efforts, including but not limited to all court costs and all attorney fees.

This Assignment and Lien shall not be modified or revoked without the mutual written consent of Anderson Chiropractic Center and myself. I hereby revoke any previously signed authorizations, whether executed at this office or any office to the extent that the terms of those authorizations conflict with the terms of this Assignment and Lien.

Patient Name (please print): _____ **Date:** _____

Patient Signature: _____

Name of Custodial Parent or Legal Guardian (please print): _____

Parent/Guardian Signature: _____