

ASSIGNMENT OF BENEFITS/ FACILITY LIEN

Chiropractic Healthcare Center

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Patient: _____ DOB: _____

Date of Injury/Accident _____ SSN: _____

I hereby give a lien to **Chiropractic Healthcare Center**, hereafter known as "**Provider**", on any monetary settlement, claim, judgment, or verdict obtained as a result of my above referenced injury/accident. I authorize and direct my attorney and/or any third-party payee to pay directly to this Provider such sum(s) as may be due and owed for services rendered, to me, by the Provider.

I further authorize payment to said Provider of any sums available from any settlements, claims, judgments, or verdicts arising from any private medical insurance coverage and, or any Personal Injury Protection coverage available through my automobile insurance.

I fully understand that I am personally responsible to Chiropractic Healthcare Center for all bills submitted for services rendered as a result of the above referenced injury/accident. I further understand that my personal liability is not contingent on any settlement, claim, judgment, or verdict from which I may eventually recover a monetary settlement.

This agreement is made in appreciation and consideration of my Providers willingness to wait for payment.

This agreement is irrevocable and is solely for the benefit of my Provider to secure and protect/obtain payment for all services rendered.

Patient Signature/Parent, or Legal Guardian, if under 18

Date