

Balance Chiropractic PLLC
14 South Street
Concord, NH 03301
(603) 224-5551

ASSIGNMENT, LIEN, AUTHORIZATION AND POWER OF ATTORNEY

I hereby authorize and direct you, my insurance company and/or my attorney, to pay directly to Balance Chiropractic PLLC (Chiro), such sums as may be due and owing to Chiro for services rendered to me, both by reason of accident or illness, and any other bills that are due this office, and to withhold such sums from ant disability, no- fault, health, accident, worker compensation or any other benefits (including but not limited to PIP, Med Pay, Underinsured Motorist or Bodily Injury), or from any settlement, judgment or verdict which may be paid to me as a result of the injuries of illness for which I have been treated by Chiro. This is an irrevocable assignment of my rights and benefits to the extent of Chiro's services provided.

In the event any insurance company is obligated to make payments to me upon the charges made by Chiro for their services, and refuses to make payments to said Chiro, upon demand by me or Chiro, I hereby assign and transfer to Chiro any and all causes of action that I have or that might exist in my favor, against such company, and I authorize Chiro to prosecute such cause(s) of action either in my name or their name, and further, I authorize Chiro to compromise, settle or otherwise resolve said claim or cause(s) of action.

I hereby authorize all procedures related to my diagnosis whether of not they are covered by my insurance plan and I understand that I remain personally responsible for the total amounts due to Chiro for their services, I further understand and agree that nothing herein constitutes consideration for Chiro to await payments and they may demand payments for or from me immediately upon rendering services. I hereby grant to Chiro, my Power of Attorney for the sole purpose of endorsing any negotiable instrument payable to it, it's employees and/or me for services by Chiro and/or it's employees. I further grant Chiro my Power of Attorney for the purpose of signing an my behalf any insurance form, PIP form, authorization, medical insurance form and/or settlement drafts necessary to collect my insurance benefits.

In the event that any of the provisions contained herein are unenforceable, for any reason whatsoever, all remaining provisions shall remain in full force and effect.

I authorize Chiro to request and/or release any information pertinent to my case to any insurance company, adjuster, attorney or my employer to facilitate their collection efforts under this Agreement, Lien and Authorization.

I hereby state that a photocopy of this document will be deemed as valid and binding on all parties as the original.

Signature

Print Name

Date

Witness

Print Name

Date