

**ASSIGNMENT, LIEN AND AUTHORIZATION
INSURANCE BENEFITS AND POWER OF ATTORNEY**

THIS AGREEMENT is entered into by and between _____, hereinafter sometimes referred to as "Patient", and COLEMAN CHIROPRACTIC hereinafter sometimes referred to as "Doctor"

IT IS AGREED THAT:

1. The Patient hereby instructs all insurance carriers and other parties that may be responsible for the payment of some or all of the charges incurred by Patient for chiropractic services rendered by the Doctor, to make any such payments directly to the Doctor.
2. The Patient hereby grants the Doctor a lien against any amounts that may be payable regarding any claim the Patient may have against any person whose acts or omissions may have resulted in injuries or illness sustained by the Patient. The amount of any such lien shall be limited to the total amount of charges incurred by the Patient for services rendered by Doctor.
3. The Patient hereby grants to Doctor a lien against any amounts that may be payable under any insurance policy or health care plan as a result of services rendered by the Doctor to the Patient. The amount of any such lien shall be limited to the total amount of charges incurred by the Patient for services rendered by Doctor.
4. The Patient hereby assigns to the Doctor his rights to any and all benefits or proceeds that may be payable to Patient under the terms of any insurance policy or health care plan as a result of services rendered by the Doctor to the Patient. This assignment shall be limited to the amount of charges incurred by the Patient for services rendered by the Doctor.
5. The Patient hereby assigns to the Doctor any and all rights that he may have against any insurance company, health care plan, or other person or entity that may be legally responsible to pay some or all for the charges incurred by the Patient for services rendered by the Doctor. This assignment shall not exceed the amount of charges incurred by the Patient for services rendered by the Doctor.
6. The assignments described in paragraphs 4 and 5 above shall specifically include amounts payable to or for the benefit of the Patient from the following insurance companies, health care plans, or other persons:

Name of Insurance Company or Other Payer	Policy Number or Other Identifying Number	Address of Insurance Company of Other Payer
_____	_____	_____
_____	_____	_____

7. The Patient agrees that if the Patient receives any payment (whether by check or otherwise) from an insurance company, or other person, for services rendered by Doctor to Patient, then Patient will immediately deliver any such payments to Doctor.
8. In some circumstances, an insurance company or other person may require that the Patient designate the Doctor as his/her agent (referred to as "attorney in fact") in order to collect amounts payable for services rendered by the Doctor to Patient. Accordingly, for services rendered by the Doctor to Patient (and assigned to Doctor under this Agreement) the Doctor is appointed as the true and lawful attorney in fact of the Patient, for the benefits of the Patient, and is hereby granted all reasonable powers necessary to collect amounts payable from insurance companies or other persons that may be payable to the Patient for services rendered by the Doctor. Such reasonable powers shall include, if required, the power and authority to demand, request, sue for, collect, endorse, sign and receive payments.
9. The Patient hereby expressly authorizes the Doctor to request and receive from any insurance company, employer, or other person, copies of any documents, insurance policies, agreements, or information that may reasonably relate to the payment of charges incurred by Patient for services rendered by Doctor.
10. The Patient authorizes the Doctor to release any information to insurance companies, or other persons that may reasonably relate to the payment of charges incurred by Patient for services rendered by Doctor. Such information shall include, without limitation, copies of charts and records maintained by Doctor with respect to Patient, x-ray reports, laboratory report and test results.
11. The Doctor is authorized to submit a copy of the Assignment Agreement to any insurance company, or other person, for the purpose of obtaining payment of the charges incurred by Patient for services rendered by Doctor.

12. The Patient acknowledges that this Agreement has been entered into as a convenience for Patient, so that Patient will not be required to pay all fees, costs and charges at the time chiropractic services are rendered. However, the Patient is responsible for the payment of all fees, costs and charges incurred by Patient for services rendered by Doctor, according to the schedule of payment that may be agreed upon by Doctor and Patient.
13. The Patient or the Doctor may terminate this Agreement, at any time, upon written notice to the other. However, any such termination will not have any applicability with respect to costs, fees, or charges incurred prior to the receipt of the written notice.
14. Any provisions of the Agreement which is in violation of applicable laws shall be void and unenforceable. In this event, the balance of the provisions of this Agreement shall remain enforceable.
15. The following general provisions shall be applicable to this Agreement:
 - (a) This Agreement shall be binding and shall inure to the benefit of the parties to this agreement and their respective heirs, executors, administrators, successors and assigns.
 - (b) This Agreement is made and is intended to be preformed in the State of Louisiana and shall be construed and enforced in accordance with and governed by the laws of said State.
 - (c) The parties agree, without any further consideration, to execute and deliver all such further assignments, papers, documents or other assurances reasonable necessary to carry into effect the within Agreement.
 - (d) Should any action be instituted to enforce any provisions of this Agreement, the prevailing party shall be entitled to receive his reasonable attorney's fees and costs.
 - (e) This Agreement contains the complete agreement between the parties and no supplement, amendment or other commitment will be binding unless in writing and signed by the obligated party.

Date

Patient

Witness