



AUTHORIZATION AND ASSIGNMENT OF BENEFITS

TO: CHIROPRACTIC TODAY

1. You are authorized to release any information you deem appropriate concerning my health condition to any insurance company, attorney or adjuster in order to process any claims for reimbursement of charges incurred at the "**Chiropractic Today**" Clinic by me.
2. I authorize and assign the direct payment to you of any sums I now or here after owe you by my attorney out of the proceeds of any settlement of my case, and by any insurance company obligated to reimburse me for the charges for your service or otherwise obligated to make payment to me based in whole or in part upon the charges made for your service.
3. I give assignment and lien against any claims against a third party whose negligence may have caused the patient's injury, up to the amount of the bill for treatment.
4. I understand and agree that 22% APR (1.8 per month) will apply to any and all unpaid balance.
5. In the event any insurance company obligated by contractual agreement to make payments to me or to you for the charges made for your services refused to make such payment upon demand by you, I hereby assign and transfer to the cause of action that exist in my favor in my name or your name as you see fit and further authorize you to compromise, settle otherwise resolve said claim as you see fit. **However, it is understood that whatever amount you do not collect from insurance proceeds (whether it be all or part of what is due) I personally owe you.**
6. **I understand that I will be responsible for all charges incurred by me. Should collection action become necessary, I agree to pay all cost of collection, including a reasonable attorney's fee, and waive all rights to claim personal property exempt under the laws of the State of Alabama.**

Date: _____ Signed: _____

Date: _____ Witness: _____