

Heartland Clinic of Chiropractic LLC
972 College St. Monticello Georgia 31064
Ph 706-468-6500 Fax 706-468-5497

Assignment of Benefits and Doctor's Lien

I, _____, hereby authorize Heartland Chiropractic LLC and the responsible insurance company, or the designee of either, any medical information requested concerning the condition or treatment of injuries sustained by me, my spouse or children.

I further authorize and direct my said attorney or insurance company to pay from the proceeds of any recovery made as a result of said injury, and any unpaid balance as a result of any treatment to myself, my spouse or children. I further grant my said doctor a specific lien on the proceeds of any settlement or judgment a result of the said injuries to the extent of any sum due him/her. I understand that this is in no way relieves me of my personal primary responsibility to pay my said doctor for such services when statement is rendered and that I will receive customary billing for said services.

In consideration of the agreement by Heartland Chiropractic LLC to furnish periodic reports concerning diagnosis and treatment of said patient, the undersigned attorney or the patient names above does agree to comply fully with the above and foregoing assignment and does agree to withhold from the proceeds of any settlement or judgment obtained as a result of said injury an amount equal to the full unpaid balance owed Heartland Chiropractic LLC for professional services. It is further understood that, should the net recovery to the client not be sufficient to pay in full the professional services bill of Heartland Chiropractic LLC, the said patient shall remain personally responsible for any excess. The said attorney further agrees to furnish Heartland Chiropractic LLC with the status of the claim of the said patient upon request.

Witness

Patient's Signature

Date of Assignment

Attorney's Signature

Date