

TO any insurance company with coverage to my claim(s) and to any attorney representing me:

**ASSIGNMENT OF BENEFITS**

IN CONSIDERATION of the willingness of Stoetzel Chiropractic Clinic to treat me on credit without demand for payment at the time services are rendered, I hereby agree and stipulate as follows:

I irrevocably assign to Stoetzel Chiropractic Clinic any proceeds or compensation that I am or may become entitled to receive as a result of my injuries that occurred on \_\_\_\_\_ to the extent of the chiropractic services rendered. I make this agreement without prejudice to any rights I may have to prosecute legal claims against any party who may be liable for my injuries, but I hereby authorize and instruct you to pay directly to Stoetzel Chiropractic Clinic, from any disability benefits, medical payment benefits, liability benefits, health and accident benefits, workers compensation benefits, judgments, settlements, or proceeds of any kind that would otherwise be payable to me, such sums are due or may become due to Stoetzel Chiropractic Clinic for its services rendered.

I appoint Stoetzel Chiropractic Clinic as my attorney in fact to affix my name as an endorsement upon the reverse of any check or draft upon which I am named payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with Stoetzel Chiropractic Clinic.

I authorize Stoetzel Chiropractic Clinic to release to any insurer with applicable coverage or to my attorney or successor attorney any information regarding my injuries, prior medical history, or treatment as may be necessary to facilitate collection or proceeds under this assignment.

I acknowledge that I remain personally liable for the total amount due to Stoetzel Chiropractic Clinic for services rendered, including any balance remaining after the application of insurance payments and settlement or judgment proceeds. If Stoetzel Chiropractic Clinic is required to take legal action against me to recover any unpaid balance on my account, I agree to reimburse Stoetzel Chiropractic Clinic for its cost of recovery, including reasonable attorney's fees.

\_\_\_\_\_  
(SEAL)

Patient

*\*The parties to this document signed under SEAL*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**NOTICE OF LIEN**

Pursuant to N.C.G.S. 44-49 AND 44-50, Stoetzel Chiropractic Clinic hereby asserts and gives notice of a lien upon any sums recovered in damages for personal injury in any civil action and also upon all funds paid to the above-named patient compensation for any settlement of injuries sustained, whether in litigation or otherwise.

Stoetzel Chiropractic Clinic hereby requests that its claim is not paid in full from foregoing proceeds, a full disclosure and accounting of proceeds be provided in conformity with N.C.G.S. 44-50.1. Stoetzel Chiropractic Clinic agrees to be bound by any confidentiality agreements regarding the contents of the accounting.

**Stoetzel Chiropractic Clinic**

By: \_\_\_\_\_  \_\_\_\_\_