

Moliver Chiropractic

Assignment, Lien and Authorization Insurance Benefits and Attorney

Patient Name _____ Date _____

To whom it may concern:

I hereby authorize and direct you, the insurance company, and/or my attorney, to pay directly to Moliver Chiropractic such sums as may be due and owing this office for services rendered me, both by reason of accident or illness, and by reason of any other bills that are due this office, and to withhold such sums from any disability benefits, medical payments benefits, liability benefits, health and accident benefits, Worker's Compensation benefits, or any other insurance benefits obligated to reimburse me, or from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect said office. I hereby further give a lien to said office against any and all insurance benefits named herein, and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I haven been treated by said office. This is to act as an assignment of my rights and benefits to the extent of said offices services provided.

I understand that I remain personally responsible for the total amounts due said office for their services. I further understand and agree that this assignment, lien and authorization does not constitute any consideration for the office to await payments and that they may demand payment from me immediately upon rendering services at their option.

I authorize the office to release any information pertinent to my case to any insurance company, adjuster or attorney to facilitate collection under this assignment, lien and authorization. I agree that the above mentioned office be given attorney to endorse/sign my name on any and all checks for payment of my doctor bills.

I further understand and agree that, if this office must take any action to collect an outstanding balance on my account, I will be responsible for payment of and will reimburse this office for all cost of such collection efforts, including, but not limited to, all court costs and all attorney fees. This lien is regulated by NCGS 44-49 and NCGS 44-50.

Patient Signature _____ Date ____/____/____

Doctor Signature _____ Date ____/____/____

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