

Legal Assignment of Benefits

I, _____, am directing my attorney or the liable insurance company _____ to make payment directly to and in the sole name of **Carter Chiropractic Center** (the practice) for any outstanding bills out of my settlement and, in effect, protecting such balance. I fully understand that I am directly responsible for all medical bills and this agreement is made solely for the practice's additional protection and consideration of their awaiting payment. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee. I have been advised that if my attorney or the liable insurance company does not wish to cooperate in protecting the interest of **Carter Chiropractic Center**, the practice will not await payment, but will require me to make payment on a current status.

I further authorize **Carter Chiropractic Center** to furnish my attorney or the liable insurance company with a full report of examination, diagnosis, treatment plan, x-ray information and prognosis of my case in regards to the accident in which I was involved in on ____/____/____.

Patient Name: _____

Patient Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____

Acknowledgement of Receipt by attorney and/or liable insurance company

Company Name: _____

Please sign below acknowledging your receipt of and your agreement to honor this **Legal Assignment of Benefits**.

Signature: _____

Date: _____

Print Name: _____

Please fax or mail back to our office at:

Carter Chiropractic Center
2510 Wade Hampton Blvd., Suite B1
Greenville, SC 29615
Phone (864)268-8196 Fax (864)268-8198