

Authorization and assignment agreement

I, _____ hereby, authorize my chiropractor, Dr. Cheryl Lee Pow to furnish my attorney and/or insurance company named below, copies of medical reports requested in reference to all illness and/or injuries sustained by me, or my child(ren), including, but not limited to, the injury(ries) which was (were) sustained on _____.

In exchange for furnishing such reports, I do hereby irrevocably assign to you, and do hereby authorize and direct said attorney(s) and/or insurance company to pay directly to you, therefore the proceeds of any recovery in claim or case to the extent of all your charges for services rendered (and, also including, for reports, conference preparation for testimony, deposition, and court testimony as an expert witness), whether said proceeds of monies received from PIP, med-pay, no fault, or any other insurance policy. Furthermore, I do hereby specifically agree payment of above said proceeds directly to Dr. Cheryl Lee Pow, D.C. and do hereby authorize and direct an additional, future, new or other succeeding attorney(s) or other representative(s) of mine, or of my child(-en), to the same.

I understand and agree that this Assignment & Authorization Agreement in NO way relieves me of my personal primary responsibility to pay for such service, and payment for such services is NOT contingent upon recovery of my claim or case. Furthermore, in the event my account is placed with an attorney for collection, I agree to pay costs incurred in the collection of these charges including but not limited to court costs, filing fees, and attorney fees. This Authorization & Assignment Agreement is in addition to and a reaffirmation of any and all terms accepted and the Fee Agreement and all terms of the Fee Agreement are incorporated herein by reference into this Authorization & Assignment.

I further direct and the undersigned agrees to withhold and pay from any proceeds from settlement collection judgment, PIP, med-pay or other insurance proceeds the amount of the provider's charges) after contacting the provider's office for a current balance. The undersigned also agrees to advise within ten (10) days of the provider's request, the status of the above-referenced claim and to notify the provider immediately of any change in the status of the above-referenced claim which may preclude payment of the provider's charges. Additionally, the undersigned agrees to require any attorney to whom the undersigned refers, within or outside the firm, to honor the assignment as a condition of referral and obtain their written confirmation of the same and cooperate fully furnishing home and work address information about the patient or family to aid in the collection of the bill, waive any pre-existing attorney-client privilege that might otherwise prevent my attorney's full cooperation.

It is further understood that the statute of limitations is three (3) years from the time said services were performed, I further understand that because of long delays in trial docket, many cases are not tried or settled until a date which is beyond three (3) years after the last service was performed. In view of this, I hereby agree that statute of limitations with respect to any claim for services mentioned above will not begin to run until there is denial in writing by me of the balance claimed to be due to you by me.

Patient's Signature/Date

Attorney's Signature/Date

Spouse's Signature/Date

Name of Attorney's Firm