



PARTIAL ASSIGNMENT OF THE CAUSE OF ACTION, ASSIGNMENT OF PROCEEDS,
CONTRACTUAL LIEN, AND AUTHORIZATION
(Agreement)

I hereby direct any and all insurance carriers, attorneys, governmental agencies, companies, individuals, and/or other legal entities (A payer), which may elect, or be obligated, to pay proceeds to me for any reason, to pay directly to, and exclusively in the name of Spector Chiropractic ("Spector Chiropractic", "Dr. Ashley Spector", "Ashley Spector, D.C." or "Office") in the amount of full charges incurred by me at the office, past or future, including but not limited to, Charges for treatment, narrative reports, dispositions, testimony, and any other charges incurred by me at the office ("my charges"). I further grant a contractual lien to Spector Chiropractic with respect to my charges; However, I understand that nothing in this Agreement shall be construed as an election by Spector Chiropractic to claim protection under any motorist coverage, liability coverage, property damage coverage, and malpractice coverage.

I further agree that, in the event a payer refuses to pay Spector Chiropractic, I hereby assign to the office, insofar as permitted by law, the following: all of my rights, remedies, and benefits to Spector Chiropractic as well as any and all causes of action that I might have against such payer to the extent of my charges, the right to prosecute such causes of action either in my name or in the Office's name, and the right to settle or otherwise resolve such causes of action as the office sees fit.

In the event that I retain one or more attorneys to represent me in this matter, I directed each attorney to issue a letter of protection to Spector Chiropractic my charges. Upon Issuance, I agree that such letter(s) of protection cannot be revoked or modified without expressed written consent of the office. I further direct (and the Office hereby requests) each attorney to provide immediate notice to the office regarding my funds received by the attorney relating to my accident, to promptly pay the office out of such funds, and to provide a full accounting of such funds to the office upon its request,

I hereby authorize and direct Spector Chiropractic to file my claims with my health insurance. I understand, however, that in the event that my charges are submitted in their full amount to any other form of insurance of payment (e.g., liability, medpay, attorneys, etc.); I hereby authorize and direct Spector Chiropractic to collect any write-offs or discounts, issued by my health insurance, out of the proceeds from the other insurance or source of payment.

I hereby direct all peers to release to Spector Chiropractic any pertinent information regarding any coverage I may have including, but not limited to, the amount of the coverage, the amount paid thus far, and the amount of any outstanding claims. I authorize this Office to release my information regarding my treatment or pertinent to my case(s) to all payers as defined above to facilitate collection under this agreement. I hereby direct this office to file a copy of this agreement, together with my applicable charges, with any and all payers, regardless of whether a claim has been established with said payers. I hereby authorize Spector Chiropractic to endorse/sign my name on any and all checks listing me as a payee, which are presented to this office for payment for balances on charges incurred by me to any other outstanding still owed by my spouse, my dependents, regardless of whether these other charges are related to my condition or me.

I understand that I remain personally responsible for the total amounts due to Spector Chiropractic for these services. This agreement does not constitute any consideration for this office to await payments and it may demands payments from me immediately responsible for payment and will reimburse Spector Chiropractic for all costs of such collection efforts, including, but not limited to, all court costs and all attorney fees.

This agreement shall not be modified or revoked without the mutual written consent of Spector Chiropractic and myself. I hereby revoke any previously signed authorizations, whether executed at this office or any other office, to the extent that the terms of those authorizations conflict with the terms of this agreement.



I agree that each and every provision of this agreement is responsibly necessary for the protection of the rights and interest of Spector Chiropractic and me. However, should any provision of this agreement be found to be invalid, illegal or unenforceable, or for any reason cease to be binding on any part hereto, all other portions and provisions of this agreement shall, nevertheless, remain in full force and effect.

Patient Name (Please Print): _____

Patients Signature: _____ Date: _____

Name of Custodial Parent or Legal Guardian (Please Print): _____

Parent/Guardian's Signature: _____