

Patient:

Accident Date:

Attorney: _____ **Paralegal:** _____

Firm name: _____

Address: _____

Email address/other contact: _____

Phone #: _____ **Fax #:** _____

Liability: _____ **Medical Adjuster:** _____

Policy #: _____ **Phone #:** _____

Claim #: _____ **Fax #:** _____

Owner: _____ **Driver:** _____

Med-pay: _____ **Medical Adjuster:** _____

Policy #: _____ **Phone #:** _____

Claim #: _____ **Fax #:** _____

Owner: _____ **Driver:** _____

Notes:

TRULL CHIROPRACTIC, P.A.

www.TrullChiro.com

1739 Dale Earnhardt Boulevard
Kannapolis, NC 28083-5016
(704) 938-1141

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

ASSIGNMENT OF BENEFITS

IN CONSIDERATION of the willingness of Trull Chiropractic, P.A. 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 Trull Chiropractic, P. A. any proceeds or compensation that I am or may become entitled to receive as a result of 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 Trull Chiropractic, P. A., 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 as are due or may become due to Trull Chiropractic, P. A. for its services rendered.

I appoint Trull Chiropractic, P. A. 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 a payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with Trull Chiropractic, P. A.

PATIENT'S INITIALS: _____

I authorize Trull Chiropractic, P. A. 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 of proceeds under this assignment.

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

I further agree this assignment of benefits (AOB) cannot be revoked and the right to receive payment cannot be transferred to any other party or re-asserted by me in any way.

Patient's Signature (or Signature of Legal Personal Representative)

Date

Witness

NOTICE OF LIEN

Pursuant to N.C.G.S. 44-49 and 44-50, Trull Chiropractic, P. A. 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 in compensation for or settlement of injuries sustained, whether in litigation or otherwise.

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

TRULL CHIROPRACTIC, P. A.

By: _____