



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

ASSIGNMENT OF BENEFITS

IN CONSIDERATION of Meylor Family Chiropractic & Acupuncture's willingness 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 Meylor Family Chiropractic & Acupuncture 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 Meylor Family Chiropractic & Acupuncture from any disability benefits, medical payments benefits, liability benefits, health benefits, workers compensation benefits, judgements, settlements or proceeds of any kind that would otherwise be payable to me, such as are due or may become due to Meylor Family Chiropractic & Acupuncture for its services rendered.

I appoint Meylor Family Chiropractic & Acupuncture as my attorney in fact to affix my name as an endorsement upon the reverse of any check or draft in which I am named payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with Meylor family Chiropractic & Acupuncture.

I authorize Meylor Family Chiropractic & Acupuncture 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 agreement.

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

Patient

Witness

Date

NOTICE OF LIEN

Pursuant to N.C.G.S. 44-49 and 44-50, Meylor Family Chiropractic & Acupuncture 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

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

Meylor Family Chiropractic & Acupuncture

By: _____