

Askeland Chiropractic & Acupuncture P.C.

Dr. Erik J. Askeland D.C

**ASSIGNMENT OF PROCEEDS, CONTRACTUAL LIEN, AND
AUTHORIZATION (“AGREEMENT”)**

I hereby direct any and all insurance carriers, attorneys, agencies, governmental departments, companies, individuals and/or other legal entities (“payers”), which may elect or be obligated to pay benefits to me for any medical conditions, accidents, injuries, or illnesses, past or future (“condition”), to pay directly to, and exclusively in the name of **Askeland Chiropractic & Acupuncture P.C.** (“office”), such sums as may be owing to **Askeland Chiropractic & Acupuncture P.C.** for charges incurred by me at the office (“charges”). I further grant a contractual lien to **Askeland Chiropractic & Acupuncture P.C.** with respect to my charges, applicable to all payers; however, I understand that nothing in this agreement shall be construed as an election by **Askeland Chiropractic & Acupuncture P.C.** to claim protection under any statutory lien law. For the purposes of the agreement, “benefits” shall include, but shall not be limited to, disability benefits, worker’s compensation benefits, medical payments benefits, personal injury protection, lost wages benefits, lost services benefits, no-fault coverage, uninsured and underinsured motorist coverage, third party liability distributions, malpractice proceeds, attorney retainer agreements, and any other benefits or proceeds payable to me for the purposes stated herein, regardless of whether such proceeds are related to my charges or not.

I further agree that, in the event a payer refuses to pay **Askeland Chiropractic & Acupuncture P.C.**, I hereby assign, insofar as permitted by law, all of my rights, remedies, and benefits to **Askeland Chiropractic & Acupuncture P.C.** to the extent of my charges, as well as any and all causes of action that I might have against such payer, to prosecute such causes of action either in my name or in the office’s name, and 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 will direct each attorney to issue a letter of protection of this office regarding my charges. Upon issuance, I hereby agree that such letter(s) of protection cannot be revoked or modified without expressed written consent of this office. I further direct each attorney to provide immediate notice to the office regarding any funds received by the attorney relating to my accident, to promptly pay such office, and to provide a full accounting of such funds to the office upon its request.

I hereby direct all payers to release to **Askeland Chiropractic & Acupuncture P.C.** any information regarding any coverage or benefits which I may have including, but not limited to, the amount paid thus far, and the amount of any outstanding claims.

I authorize this office to release any 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 any applicable charges, with any and/or all payers, regardless of whether a claim has been established with said payees. I hereby authorize **Askeland Chiropractic & Acupuncture P.C.** to endorse/sign my name on any and all checks listing me as a payee, which are presented to this office for payment of any account relating to me, my spouse, or any of my departments. I further authorize **Askeland Chiropractic & Acupuncture P.C.** to apply any credit balance on charges incurred by me to any other outstanding charges still owed by me, my spouse, or my dependents, regardless of whether these other charges are related to my condition.

I understand that I remain personally responsible for the total amounts due to **Askeland Chiropractic & Acupuncture P.C.** for their services. This agreement does not constitute any consideration for this office to await payments and it may demand payments from me immediately upon rendering services at its option. If this office must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse **Askeland Chiropractic & Acupuncture P.C.** 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 **Askeland Chiropractic & Acupuncture P.C.** 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 reasonably necessary for the protection of the rights and interests of **Askeland Chiropractic & Acupuncture P.C.** and myself. However, should any provision of this agreement be found to be invalid, illegal or unenforceable, or for any reason cease to be finding on any party hereto, all other portions and provisions of this agreement shall, nevertheless, remain in full force and effect.

Patient Name: (please print) _____

Patient Signature: _____

Date: _____

Name of Parent or Legal Guardian: (please print) _____

Parent/Guardian Signature: _____

Date: _____