

J. Clifford Brown, D.C. ~ Brown Chiropractic Clinic

635 E. Main Street, Suite 5

Hendersonville, TN 37075

Office (615) 824-8484 Fax (615) 826-0669

AUTHORIZATION AND ASSIGNMENT

In consideration of your undertaking me as a patient, I agree to do the following:

1. You are authorized to release any information you deem appropriate concerning my physical condition to any insurance company, attorney or adjuster in order to process any claim for reimbursement of charges incurred at Brown Chiropractic Clinic.
2. I authorize the direct payment to you of any sum I now or hereafter owe you by my attorney out of the proceeds of any settlement of my case, and by any insurance obligated to make payment to me or you based in whole or in part upon the charges made for your services.
3. In the event any insurance company obligated by contractual agreement to make payment to me or to you for the charges made for your services refuses to make such payment upon demand by you, I hereby assign and transfer to you the cause of action that exists in my favor against any such company (the name(s) of which is believed to be correctly stated forth under pertinent data attached) and authorize you to compromise, settle or otherwise resolve said claim as you see fit. However, it is understood that until all reasonable efforts to collect the sums due from the insurance company (or companies) contractually obligated; you will refrain from attempts and efforts to collect the amounts owed directly from me. I understand that whatever amounts you do not collect from insurance proceeds (whether it be all or part of what is due), I personally owe you, and am responsible for payment.

Printed Name: _____ Date: _____

Signature: _____

Witness: _____