

PROVIDENCE FAMILY CHIROPRACTIC CENTER, P.L.L.C.

**AUTHORIZATION AND ASSIGNMENT**

In consideration of your undertaking to care for me, I agree to 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.
2. I authorize to 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 company 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 set forth under pertinent data below) and authorized you to prosecute and said action either in my name as you see fit and further authorize you to compromise, settle, or otherwise resolve said claim as you see fit. I understand that whatever amounts you do not collect from insurance companies proceeds, whether it be all or part of what is due, I personally owe you.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**PERTINENT DATA**

(Only necessary if you have had an auto accident, personal injury, or work related injury.)

**Date of injury:** \_\_\_\_\_

Name of insurance companies believed to be involved: \_\_\_\_\_  
\_\_\_\_\_

My companies: \_\_\_\_\_  
\_\_\_\_\_

Companies of person responsible for injuries: \_\_\_\_\_  
\_\_\_\_\_

5328 IVAN DRIVE · LANSING, MI 48917