

Medical Reports and Doctor's Lien

The following agreement:

1. Should be read and signed that you do not wish to pay for each visit at the time of the visit.
2. Will allow us to deal directly with your employer, any insurance company and/or attorney that may be involved now or in the future.
3. Will allow your employer, attorney and/or insurance company, if we are awaiting payment, to pay us directly.
4. States that you understand all bills are your responsibility.

I do hereby authorize Integrative Regional Medical Center, PC to furnish you, my employer, attorney and /or insurance company adjuster, with a full report of my examination, diagnosis, treatment, prognosis, charges incurred, etc.

I do hereby authorize and direct you, my employer, attorney and /or insurance company, to pay directly to said Centers such sums as may be due and owing them for medical service rendered to me and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said Center. They should also be paid any sum due them from any monies available through either Personal Injury Protection (PIP), Medpay, health insurance, worker's compensation insurance, at this time. I hereby further give a lien on my case to said Centers against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself as the result of the injuries or health condition for which I have been treated or injuries in connection herewith.

I fully understand that I am directly responsible to said Centers for all medical bills submitted by them for services rendered to me and that this agreement is made solely for said Centers' additional protection and in consideration of them awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I will eventually recover said fee. I understand that although most health insurance companies will cover the cost of chiropractic care and physical therapy at 80%, each policy may differ and it is my responsibility to check with my insurance carrier for details. I understand that Integrative Regional Medical Center will wait for payment for a reasonable period of time. If payment from and insurance company is not received in a timely fashion, I will be billed directly and will deal with the insurance carrier myself. If I am still awaiting a settlement on a personal injury case one year after reaching Maximum Medical Improvement or my last visit in this office, I will be required to begin making payments equal to 20% of my outstanding balance at that time.

In the event legal action becomes necessary to collect and money due this office, the undersigned agrees to the entry of judgment on the amount equivalent to the unpaid balance plus interest at the rate of 8%, plus attorney /collection fees, and the undersigned waives and defense he/she may have as to the Statute of Limitations barring future attempts to recover debts owed hereunder in the event of default.

Dated: \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Printed \_\_\_\_\_

IF APPLICABLE:

The undersigned, being attorney of record for the above patient, do hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect Integrative Regional Medical Center, PC.

Dated: \_\_\_\_\_

Attorney's Signature \_\_\_\_\_

- A photocopy of this form shall be considered as valid as the original.