

PORTLAND CHIROPRACTIC GROUP
2031 E BURNSIDE
PORTLAND, OR 97214-1649

ASSIGNMENT FOR PAYMENT

I, _____ (legibly printed name), being the undersigned, authorize and direct my attorney, _____ (printed attorney name) to pay **Portland Chiropractic Group** any sums as may be due and owing this chiropractic office for services rendered me.

I understand that I am directly and fully responsible to said office for all medical bills submitted by them for services rendered me and this agreement is made solely for said office's additional protection. I further understand that such payments are not contingent on any settlement, judgment or verdict by which I may eventually recover said fees. Said health care payments are due on demand by the office. I further understand and agree that said assignment, lien and authorization do not constitute any consideration for the office to await payment and it may demand payments from me immediately upon rendering services at its option.

I hereby give a lien to said office against any and all proceeds of any settlements, judgment, or verdict, which may be owed me as a result of the injuries or illness for which I have been treated by said office. This contract is to act as an assignment of my rights and benefits to the extent of the office's charges for services provided herein.

I further hereby authorize and direct my attorney, when settlement or judgment is reached, to pay in full the outstanding chiropractic bills for all treatment and services as a result of the injuries or illness for which I have been treated by said office.

In further consideration of the treatment rendered herein, I do hereby authorize the chiropractic office to furnish my attorney a full report of my examination, diagnosis, treatment, prognosis, chiropractic bills and any other relevant information pertaining to my treatment.

I authorize the chiropractic office to release any information pertinent to my case to my attorney, the involved insurance company or companies, adjuster(s) or attorney(s) to facilitate collection under this assignment, lien and medical authorization.

This agreement is irrevocable and is binding upon the heirs, executors and legal representatives of the undersigned.

Patient Signature _____ **Date:** _____

ATTORNEY ACKNOWLEDGEMENT OF ASSIGNMENT, LIEN, AND AUTHORIZATION AND
RELEASE OF MEDICAL RECORDS AND INFORMATION

I, _____ (printed name), attorney for the above-indicated patient hereby acknowledge receipt of the above assignment and lien and agree to protect said chiropractic office pursuant to above-indicated terms.

Attorney Signature _____ **Date:** _____