

**ASSIGNMENT OF CAUSE OF ACTION, ASSIGNMENT OF PROCEEDS AND
TREATMENT AGREEMENT**

Consideration: In order to facilitate the ability of Back 2 Wellness Chiropractic to collect its charges directly from various payers and thereby to enhance the patient-provider relationship, I, the undersigned, as consideration for the office's services, agree to the following and direct all payers as follows:

Partial Assignment of the Cause of Action & Assignment of Proceeds: I hereby assign, insofar as permitted by law, all of my rights, remedies, and benefits to Back 2 Wellness Chiropractic as well as any and all causes of action that I might have now or in the future against any payer to the extent of my charges, the right to prosecute such causes of action either in my name or the office's name, and the right to settle or otherwise resolve such causes of action as the office sees fit. I further assign my right to receive any proceeds from any payer to the above-mentioned provider with respect to my charges. Consistent with these rights, I hereby direct any and all payers to pay proceeds directly and immediately to and exclusively in the name of Back 2 Wellness Chiropractic in the amount of my charges.

Other terms: I understand that I remain personally responsible for my charges. Consistent with the law of contract, I agree to pay the full amount of my charges upon demand. Unless mutually agreed to in writing, the receipt and processing of partial payments by the office shall not constitute a waiver of the office's right to receive payment in full. I understand that any time, I can request a copy of my total charges.

In the event that I retain one or more attorneys to assist me in collecting any proceeds, I direct each attorney to issue an irrevocable letter of protection to Back 2 Wellness Chiropractic regarding my charges. I further direct each attorney to provide immediate notice to the office regarding any proceeds received by the attorney, to promptly pay the charges in full out of such proceeds, and to provide a full accounting of such proceeds to the billing office.

I authorize and direct the office to submit my charges to any and all payers including, without limit, my health benefit plan. I understand, however, that in the event that my charges are submitted to more than one payer, I hereby authorize and direct the office to apply any proceeds received from one payer to any reductions, write offs or discounts, issued by another.

I authorize Back 2 Wellness Chiropractic to endorse or sign my name on any and all checks listing me as a payee, which are received by the office for payment of charges incurred by me, my spouse or my dependents. I further authorize the office to apply any credit balances on my charges 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.

This agreement shall not be modified or revoked without the mutual written consent of the office and myself. I also agree that each and every provision of this agreement is reasonably necessary for the protection of the rights and interest of Back 2 Wellness Chiropractic and myself.

I have read and understood the conditions, terms and purpose of this contract.

PATIENT NAME: (PLEASE PRINT) _____

PATIENT SIGNATURE: _____ **DATE:** ___/___/___

**NAME OF CUSTODIAL PARENT OR LEGAL GUARDIAN, ON BELHALF OF THE PATIENT:
(PLEASE PRINT)** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** ___/___/___