



**ASSIGNMENT, LIEN, RELEASE AND POWER OF ATTORNEY**

I, \_\_\_\_\_ (“Patient”), hereby authorize, grant and recognize the establishment of a lien in favor of Hatch Chiropractic & Wellness (“HCW”) for all treatments, services, and surgeries performed and to be performed for Patient. This Lien and Security Agreement may include, but is not limited to, fees and costs originating from evaluation, consultation, surgery, rehabilitation, diagnostic testing, facility usage, and other services rendered to Patient. Patient therefore agrees as follows:

**ACCORDINGLY, IT IS HEREBY AGREED:**

1. Patient hereby authorizes HCW to furnish a full report and records regarding case history, examination, diagnosis, treatment prognosis, x-rays, laboratory reports and the results of all tests of any type or character such persons as HCW deems appropriate.
2. Patient assigns to HCW any and all benefits payable by Patient’s insurance or health care plans, including medical payments coverage, as a result of charges incurred by Patient for services rendered by HCW. Patient also assigns to HCW any and all contractual rights. Patient has against insurance company, health care benefit plan, or any other party possibly liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by HCW.
3. Patient fully understands that Patient is directly and fully responsible to HCW for all bills submitted for services rendered and that this agreement is made solely for additional protection and consideration for awaiting payment. Patients further understand that such payment is not contingent on any settlement, claims, judgments, or verdicts which Patient may eventually recover. In the event of non-payment by any insurance company, health care benefit plan, or any other party possible liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by HCW, Patient agrees to be responsible for any such outstanding balance, including interest at 9% per annum, reasonable attorney’s fees and costs.
4. Patient fully understands that the lien and assignment given to HCW herein is irrevocable.
5. By executing this agreement, Patient hereby instructs and directs any attorney-representing Patient to honor the above lien assignment and make payment under the lien and assignment directly to HCW. Patient directs that attorney be bound by this lien and treat it irrevocably, as an assignment due to HCW. HCW is relying upon lien, assignment and directive to any attorney, and as a result of such reliance, HCW is providing care and treatment for which this lien, assignment and directive provide security for

Patient Printed Name:	DOB:	SS#
Patient Home Address:	City, Zip:	Phone:
Attorney Name:	Attorney Phone:	Date of Injury:

payment. Moreover, Patient agrees that it is Patient's intent to impose upon Patient's attorney an obligation to comply with the terms of this directive.

6. Patient hereby directs all insurers and other persons possibly responsible for Patient's health care costs to make all payments for healthcare services rendered by HCW directly to HCW.
7. Patient agrees that in the event Patient receives any check, draft or other payment subject to this agreement, Patient agrees to act as fiduciary agent for HCW and will immediately deliver said check, draft, or payment to HCW to be applied to Patient's debt for services rendered.
8. Patient hereby appoints \_\_\_\_\_ as Patient's true and lawful attorney, irrevocable, and with full power of substitution for Patient and in Patient's name to ask, demand, sue for, collect, endorse, sign and receive proceeds from insurance, other health benefits, and third party claims relating to services rendered to Patient by HCW. HCW is not obligated or compelled to exercise such powers but may do so in HCW sole discretion. Patient agrees to fully cooperate with HCW in collecting said amounts.
9. HCW agrees to submit a copy of this agreement with the initial claim form(s) which HCW submits to third party payor(s) of the assignment and other agreements contained herein. At the time each claim is submitted, a copy of the claim will be stored for safekeeping in Patient's file and may be requested by Patient, to be mailed to any designated address.
10. Patient hereby authorizes HCW to receive a complete copy of Patient's insurance policy, including any endorsements, conditions, limitations or exclusions. Patient acknowledges that he/she received, and may in the future receive, valuable services from HCW for which HCW is owed compensation. Patient authorizes HCW to make reasonable inquiries regarding the status of his/her personal injury claim, including contacting Patient's attorney. Patient agrees to instruct his/her attorney to fully cooperate with HCW's inquiries. Patient also agrees to provide to HCW, current contact information for his/her attorney, including name, telephone, fax, mailing address, and email address.
11. A copy of these documents shall be as binding as the document bearing the original signatures.

\_\_\_\_\_  
Today's Date

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

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Hatch Chiropractic & Wellness representative

\_\_\_\_\_  
Today's Date

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