



Bolton Chiropractic Center

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**IRREVOCABLE ASSIGNMENT, LIEN AND AUTHORIZATION INSURANCE
BENEFITS AND ATTORNEY**

To Whom It May Concern,

I hereby authorize and direct you, my insurance company, and/or my attorney, to pay directly to Bolton Chiropractic Center, 1401 Hillyer Robinson Parkway, Anniston, AL 36207, such sums as may be due and owing this office for services rendered me, both by reason of accident or illness, and by reason of any other bills that are due this office and to withhold such sums from any disability benefits, workman's compensation benefits, medical payment benefits, no-fault benefits, health and accident benefits or any other insurance benefits obligated to reimburse me or from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect said office. This is to act as an assignment of my rights and benefits to the extent of the office's services provided.

In the event my insurance company obligated to make payments to me upon the charges made by this office for their services refuses to make such payments to me, upon demand by me or this office I hereby assign and transfer to this office any and all causes of action that I might have or that might exist in my favor against such company and authorize this office to prosecute said cause of action either in my name or in the office's name and further authorize this office to compromise, settle, or otherwise resolve said claim or cause of action to the extent of all charges that are applicable and further agree to cooperate in the prosecutions of said claim.

I understand and agree that (regardless of my insurance status); I am ultimately responsible for the balance of my account for any professional services rendered. *Should collection proceedings become necessary, I agree to pay all costs of collection including *but not limited to, reasonable attorney fees, court costs, and any additional collection fees, and do hereby waive all claims or rights of exemption allowed by the constitution and laws of the state of Alabama or any other state of the United States.

I authorize this office to release any information pertinent to any case to any insurance company, adjuster, or attorney to facilitate collection under this Assignment, Lien, and Authorization. I agree that the above mentioned office be given Power of Attorney to endorse/sign my name on any and all checks for payment of my doctor bills. A photocopy of this agreement shall be considered as effective and valid as the original.

Date _____ Signature _____