

Authorization and Assignment of Benefits

- 1.) You are authorized to release any information you deem appropriate concerning my health condition to any insurance company, attorney, or adjustor in order to process any claim for reimbursement of charges incurred at Dr. Chaney's office, by me.
- 2.) I authorize and assign the direct payment to you of any sum I now or hereafter owe you by my attorney out of the proceeds of any settlement of my case, and by any insurance company obligated to reimburse me for the charges for your services or otherwise obligated to make payment to me or you based in whole or in part upon the charges made for your services.
- 3.) I give assignment and lien against any claims against a third party whose negligence may have caused the patient's injury, up to the amount of the bill for treatment.
- 4.) In the event any insurance company obligated by contractual agreement to make payment to me or to you for the charges made for your services reduces to make such payment upon demand by you, I hereby assign and transfer to you the cause of action that exists in my favor against any insurance company and authorize you to prosecute said action either in my name or your name as you see fit and further otherwise you to compromise, settle, or otherwise resolve said claim as you see fit. However, it is understood that until all reasonable efforts have been made to collect the sums due from the insurance companies contractually obligated, you will refrain from attempts or efforts to collect the amounts owed directly from me. I understand that whatever amounts you do not collect from insurance proceeds (whether it be all or part of what is due) I personally owe you.
- 5.) I waive the statute of limitations regarding my doctor's right to recover.

Date: _____ Signature: _____

Witness: _____

Date of Injury: _____

Names of Insurance Companies believed to be involved:

