

SpinaCare Chiropractic & Massage

26832 Maple Valley Hwy – Maple Valley WA 98038

Phone 425-432-9001 – Fax 425-432-0838

IRREVOCABLE ASSIGNMENT OF PERSONAL INJURY PROCEEDS

The undersigned Patient fully understands that the undersigned Patient is and remains directly and fully responsible to Dr. Guy Thomson (the Provider) for all billings submitted by the Provider for health care services rendered to the undersigned Patient. This responsibility is not absolved in any manner by the result of any first party or third party claim made by the undersigned. In the event that my personal injury claim is not successful, in whole or in part, I the undersigned Patient remain responsible for paying Provider's billings within 30 days of any claim's resolution by reason of settlement, court order, and /or operation of law.

The undersigned Patient hereby authorizes and directs my personal injury claim attorney (and/or any successor attorney) or any personal injury insurance company to pay directly to the aforementioned Provider such sums from the undersigned's personal share of any personal injury insurance claims proceeds, award or settlement as may be due and owing for healthcare services rendered by the Provider, whether by reason of the subject occurrence or otherwise. I acknowledge that if the amount payable under any statutory lien is inadequate to pay the entire balance owed, that I remain liable for any such unpaid balance, not with standing any acceptance of limited payment and subsequent release of such lien.

The consideration for these instructions to any carrier or to my attorney is based upon the Provider's willingness to extend credit for services provided the undersigned Patient, once applicable insurance coverage, if any, is exhausted, or otherwise exhausted or otherwise deleted/terminated. I understand that I may be asked to make mutually agreeable co-payments at the time of service to keep the balance lower. On that basis of such extension of credit, these instructions are **non-revocable**. I direct any insurance carrier or my attorney to interplead into an appropriate court any disputed sums in the event of any attempt by the undersigned Patient to rescind these instructions.

In the event that my current attorney withdraws and another is substituted in his/her place and stead, then I direct such substitute counsel to honor these instructions upon receipt of signed copy of such instructions.

Patient (Printed Name): _____ Date: _____

Patient (Signature): _____

The undersigned attorney, being the attorney of record for the above Patient/client for personal injury claims related to the _____ (date) motor vehicle crash, does acknowledge this **irrevocable** assignment of the client's/ Patient's share of proceeds to assure payment to the Provider, EXCEPT in the event that the client's/Patient's share of the proceeds is sufficient to pay all providers, then each provider will be paid by the priority of their lien filings, or if unsecured, in a pro-rata fashion from any balance remaining after payment of provider liens; and EXCEPT FURTHER if any dispute arises between resolution of the dispute. Nothing herein creates and personal obligation whatsoever on the part of the undersigned attorney to pay any obligations of the client/Patient from any source other than the client/Patient funds which may remain after deduction of any and all attorney fees and all claim(s) related costs.

Attorney of Record: _____ Date: _____

Provider's obligation to forbear collection of healthcare billing or to provide services on credit shall not arise until this Irrevocable Assignment is signed by both Patient and Patient's Attorney:

Patient is to please sign and return an original of the Irrevocable Assignment to Provider