

PATIENT AGREEMENTS PI/AUTO LEIN

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted by

BASIC AGREEMENT

ADRIAN CHIROPRACTIC will provide medical care for injuries for which patient is currently seeking treatment. Patient promises to pay for ADRIAN CHIROPRACTIC's usual and customary charges for medical treatment.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Patient, Parent or Guardian Signature

PARTIAL CLAIMS ASSIGNMENT / JOINT CHECK AGREEMENT

Patient, (or if a minor), on behalf of \_\_\_\_\_, hereby IRREVOCABLY ASSIGNS to ADRIAN CHIROPRACTIC in consideration of deferred billing and collection to ADRIAN CHIROPRACTIC any claim or claims, chose in action, demand and cause or causes of action or whatsoever kind of nature that have now or may have in the future for injuries or damages as a result of an accident or incident occurring on or about the \_\_\_\_\_ day of \_\_\_\_\_, 2016, to the extent of charges for medical services or related goods provided or for medical services or related goods to be provided by ADRIAN CHIROPRACTIC. If this assignment is made on behalf of a minor, the parent or guardian assigns only the cause of action such parent or guardian has for recovery of minor's medical expenses incurred as a result of said accident or incident.

ADRIAN CHIROPRACTIC shall not be liable for any costs and/or expenses associated with any claims or litigation unless ADRIAN CHIROPRACTIC files that litigation. ADRIAN CHIROPRACTIC shall have no duty whatsoever to prosecute the claim or litigation. Nothing herein shall prevent patient from pursuing any claim or litigation which patient otherwise has a right to pursue and which patient has not assigned to ADRIAN CHIROPRACTIC. ADRIAN CHIROPRACTIC may pursue any legal remedies as your assignee to collecting medical bills. Patient may not settle any case involving recovery of ADRIAN CHIROPRACTIC's medical bills without the permission of ADRIAN CHIROPRACTIC. If a lawsuit is filed by either the patient or ADRIAN CHIROPRACTIC, arising from the said accident or incident, the non-filing party may intervene in the field lawsuit and may not file a second lawsuit arising from the same accident or incident.

I IRREVOCABLY instruct and direct any third party, whether or not I am represented by an attorney, making payment in settlement of damages incurred by patient as a result of said accident or incident, to make such payment by check, draft or other remittance jointly payable to ADRIAN CHIROPRACTIC and patient, parent or guardian (and/or attorney) and deliver such payment to 323 S. Bryan Beltline Rd. Mesquite, TX 75149.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Patient, Parent or Guardian Signature

INSTRUCTIONS TO MY ATTORNEY

I authorize and direct any attorney retained by me at any time, to pay directly to ADRIAN CHIROPRACTIC all money for services rendered or goods provided to me, and to withhold such sums from the proceeds my portion of any settlement, claim, judgement, or jury verdict. THIS INSTRUCTION IS IRREVOCABLE UNLESS ALL PARTIES AGREE TO REVOKE THE INSTRUCTION IN WRITING.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Patient, Parent or Guardian Signature

As used in the above BASIC AGREEMENT; PARTIAL CLAIMS ASSIGNMENT / JOINT CHECK AGREEMENT; and INSTRUCTIONS TO MY ATTORNEY, the term ADRIAN CHIROPRACTIC shall mean DOCTORS NAME. I have read the above sections and I fully understand them.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Patient, Parent or Guardian Signature