

KARE CHIROPRACTIC 2022-2023

AUTHORIZATION AND ASSIGNMENT

In consideration of NJL Chiropractic, LC (DBA Kare Chiropractic) undertaking to care for me, I agree to the following:

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr. Nicholas Liford (DBA Kare Chiropractic) all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges if not covered or paid by my insurance. If I DO NOT have or provide insurance, I agree to pay all charges and fees associated with my treatments.

Dr. Nicholas Liford from here on as Kare Chiropractic is authorized to release any information deemed appropriate or necessary. I authorize the use of my signature on all insurance submissions.

I authorize the direct payment to Kare Chiropractic of any sum I now or hereafter owe to Kare Chiropractic by my attorney out of the proceeds of any settlement of my case, and by any insurance company obligated to make payment to me or Kare Chiropractic based in whole or in part upon the charges from Kare Chiropractic.

In the event any insurance company obligated by contractual agreement to make payment to me or to Kare Chiropractic for the charges made for services provided by Kare Chiropractic refuses to make such payment upon demand by Kare Chiropractic, I hereby assign and transfer to Kare Chiropractic the cause of action that exists in my favor against any such company (the name(s) of which is believed to be correctly set forth under pertinent date) and authorize Kare Chiropractic to prosecute said action either in my name as you see fit and further authorize Kare Chiropractic to compromise, settle, or otherwise resolve said claim.

However, it is understood that all reasonable efforts have been made to collect the sums due from the insurance company, or companies, contractually obligated, Kare Chiropractic will refrain from attempts and efforts to collect the amounts owed directly from me. I understand that whatever amounts not collected from insurance companies proceeds, whether it be all or part of what was due, I personally owe Kare Chiropractic.

In addition to the above, I hereby waive the statute of limitations on collection and/or recovery in the state of Missouri and give my consent to Kare Chiropractic to add any applicable collection fees to my account if not paid promptly.

I further agree that this Authorization and Assignment is irrevocable until all monies owed Kare Chiropractic are paid in full.

Patient Signature: _____

Date: _____