Paul Graves D.C., PA

DBA: Graves Family Chiropractic
7500 Stonebrook Parkway #103
Frisco, Texas 75034
972-377-7117

Patient:_____

Date of Injury:_____

Your Auto Insurance Name:_____

Claim Number:_____

Adjustor's Name:_____

Auto Insurance Phone #:_____

PIP Amount:_____

Patient hereby irrevocably acknowledges full financial responsibility for all services Provided to Patient by Provider as consideration for such provided services. Patient irrevocably assigns to Provider any and all benefits payable by or from any insurance or health care plan(s) coverage maintained by Patient as consideration for the total fee for those charges incurred by Patient as a result of those services rendered by Provider. Patient also assigns to Provider, (i) any and all benefits payable by or from any automobile medical payment coverage maintained by Patient or any party under whose policy of insurance Patient may have a lawful right of recovery, (ii) any and all benefits payable by or under any third party liability insurance coverage to which Patient may have a right of recovery due to the injuries for which Patient has sought Provider's health care services, and (iii) " a common law lien interest " in, and all contractual rights and claims to, any and all future insurance proceeds Patient has against any insurance company, health care benefit plan, or any other party contractually liable to Patient for payment of all or any portion of the health care services rendered by Provider, and the resultant charges therefore, to the Patient as a result of the injuries sustained by Patient. This irrevocable assignment of benefits, conveyance of lien interest and contractual rights to and for those charges attributable to Provider's health care services shall extend to, but not be limited to, Provider's entitlement to any and all insurance proceeds remitted as a result of any insurance claim for damages by the Patient which has given rise to the above referenced health care services provided by Provider.

Print Patient's Name:_____

Patient/Guardian Signature:_____

Date Signed:_____