



VERNE CHIROPRACTIC CLINIC, P.A.
Michael H. Verne, D.C., CSCS
467 Lake Howell Road, Suite 204, Maitland, FL 32751
Office (407) 657-2225 Fax (407) 657-2220

ASSIGNMENT OF BENEFITS

I, _____, assign all of the rights and benefits of any applicable personal injury protection, medical payments, or other coverage provided by any insurance policy issued pursuant to Florida Statutes §627.730 - §627.7405, to Verne Chiropractic Clinic, P.A., for services and supplies provided to me related to personal injuries I suffered in an automobile accident which occurred on _____.

I understand that in consideration for this assignment, my financial obligation to Verne Chiropractic Clinic, P.A., shall be limited to payment of any co-payment or deductible not covered by the applicable personal injury protection, medical payments, or other insurance coverage.

This assignment includes, but is not limited to:

- all rights to collect benefits directly from any insurance carrier obligated to provide benefits for services and supplies I have received;
- all rights to take legal or other action against any insurance carrier obligated to provide benefits if for any reason the insurance carrier fails to pay any benefits due; and,
- all rights to recover attorney fees, legal assistant fees, costs, and any interest on fees and costs, for any legal or other action taken by Verne Chiropractic Clinic, P.A. as my assignee.

I agree that Verne Chiropractic Clinic, P.A. may retain any attorney it chooses to bring legal action against any insurance carrier obligated to provide benefits for services and supplies I have received, and that the attorney chosen may be different than any attorney I may have handling any claim I may have for personal injuries.

I instruct any insurance carrier for which I have assigned my applicable insurance benefits to notify Verne Chiropractic Clinic, P.A. immediately of any dispute over coverage or payment of benefits, and to reserve benefits at least equal to the disputed amount.

This is an assignment of rights only, and is not a delegation of any duties under the subject insurance policy. I have been given a copy of this assignment to retain for my records; I have read this assignment and I am satisfied that I fully understand the purpose and implications of executing this assignment and do so freely and voluntarily.

Patient Signature

Date

The undersigned, as authorized representative of Verne Chiropractic Clinic, P.A. accepts the assignment of benefits as set forth above.

Michael H. Verne, D.C.

Date