GILMER
CHIROPRACTIC

401 N Boone Street Johnson City, Tennessee 37604

ASSIGNMENT, LIEN AND AUTHORIZATION INSURANCE BENEFIT, ATTORNEY, and INTEREST CHARGES AGREEMENT

To Whom It May Concern:

I hereby authorize and direct you, my insurance company, and/or my attorney to pay directly to Dr. Joseph J Gilmer, d/b/a **Gilmer Chiropractic 401 Boone Street, Johnson City, TN 37604** such sums as may be due and owing Dr. Gilmer's office for services rendered to me, both by reason of accident or illness and by reason of any other bills that are due to Dr. Gilmer's office and to withhold such sums from any disability benefits, medical payment benefits, "No-Fault" benefits, health and accident benefits, workman's compensation benefits or any such insurance benefits obligated to reimburse me or from any settlement, judgment, or verdict on my behalf as may be necessary to adequately protect Dr. Gilmer's office. I hereby further give a lien to Gilmer Chiropractic against any and all insurance benefits names herein, and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated by Gilmer Chiropractic This is to act as an ASSIGNMENT of my rights and benefits to the extent of the Gilmer Chiropractic services provided.

In the event my insurance company, who is obligated to make payments to me based upon the charges by Gilmer Chiropractic P.C, for their services, refuses to make such payments, upon demand by me for Gilmer Chiropractic P.C, I hereby assign and transfer to Gilmer Chiropractic any and all causes of action that I might have or than might exist either in my name or in the name of Gilmer Chiropractic and I further authorize Gilmer Chiropractic to compromise, settle or otherwise resolve said claims or cause of action as they see fit.

I understand that I remain personally responsible for the total accounts due to Gilmer Chiropractic for their services. I further understand and in agreement that this Assignment, Lien and Authorization do not constitute a consideration for Gilmer Chiropractic to await payments and that Gilmer Chiropractic may demand payments of me immediately upon rendering services, at their option.

I further authorize and agree to pay any finance charges that may be applied to any outstanding balance that I may accrue. I acknowledge that the interest rate will not exceed **18% (1.5% monthly APR)** and may be less than **18%.**

Gilmer Chiropractic has the right to impose an interest rate on my outstanding balance 30 days from the start of my balance. That is to say, 30 days after a bill has been presented to me as either an unpaid portion of my insurance claim such as a deductible or co-pay or other charges not covered by my insurance or any charges for services or goods that I have received as part of my health care at Gilmer Chiropractic, the amount of the bill, at that time, will be subject to interest rate charges.
As an example, a statement is issued on March 1. On April 1, if the outstanding balance has not been paid, the remaining balance will be subject to interest rate charges. The interest charges will start April 1st and be added to the balance. Both the balance and interest charges will be due on the next billing cycle.

Furthermore, by signing this document I understand that if a insurance claim is not paid in two attempts/cycles by Gilmer Chiropractic (to file a claim for covered services that I have received at Gilmer Chiropractic) I will pay for those services and will take responsibility for any further reimbursement procedures with my insurance company. If my insurance company eventually pays the delinquent claim, and I have paid for those services, any funds sent to Gilmer Chiropractic will be reimbursed to the patient upon receipt of those funds from the insurance company.

I authorize Gilmer Chiropractic to release any information pertinent to my case to any insurance company, adjustor or attorney to facilitate collection under this Assignment, Lien, and Authorization. I agree that Gilmer Chiropractic be given Limited Power of Attorney to endorse/sign my name to any and all checks for payment of my bill for services rendered by Gilmer Chiropractic I hereby waive the statute of limitation regarding the physician's right to recover.

_____ _____
Signature of Patient Date Signed

_____ _____
Witness Date Signed

Date of injury _____

Name of Insurance Company _____

Policy # _____

Name of Attorney _____