



Tri Star Spine and Sport Chiropractic

Dr. T.J. Keklak D.C., M.S., C.C.S.P.®

Authorization and Assignment

In consideration of your undertaking to care for me, I agree to the following:

1. You are authorized to release any information you deem appropriate concerning my physical condition to any insurance company, attorney, or adjuster in order to process any claim for reimbursement of charges incurred.
2. I authorize the direct payment to you of any sum I now or hereafter owe you, by my attorney, out of the proceeds of any settlement of my case, and/or by any insurance company obligated to make payment to me or you based in whole or part upon the charges made for your services
3. In the event any insurance company obligated by contractual agreement to make payment to me or to y you for the charges made for your services refused to make such payments upon demand by you, I hereby assign and transfer to you the cause of action that exists in my favor against any such company (the names of which is believed to be correctly set forth under pertinent data) and authorize you to prosecute said action in my name as you see fit and further authorize you to compromise, settle, or otherwise resolve said claim as you see fit. However, it is understood that until a reasonable effort has been made to collect the sums due me from the insurance company or companies contractually obligated, you will refrain from collecting the amounts owed, directly from me. I understand that whatever amount you do not collect from insurance companies' proceeds, whether it be all or part of what is due, I personally owe and agree to pay you.
4. In addition to the above, I hereby waive the statute of limitations on collection and/or recovery in this state of Tennessee.
5. I further agree that this Authorization and Assignment is irrevocable and ongoing until all monies owed are paid in full.
6. This Authorization and Assignment will be in continual effect until revoked by both parties.

Patient Name (print) _____

Patient Signature _____

Date _____