

I, the undersigned hereby authorize and direct any and all insurance carriers, attorneys, agencies, governmental departments, companies, individuals, and/or other legal entities ("payers"), which may elect or be obligated to pay benefits to me for any medical conditions, accidents, injuries, or illnesses, past, present or future ("condition") to pay directly to and exclusively in the name of Palmetto Wellness and Injury Center ("Office") such sums as may be owing to Palmetto Wellness and Injury Center, for charges incurred by me, including but not limited to, charges for treatment, narrative reports, dispositions, testimony, and any other charges incurred by me at the Office ("charges"). I further grant a contractual lien to Palmetto Wellness and Injury Center, with respect to my charges, applicable to all payers, however, I understand that nothing on this Agreement shall be construed as an election by Palmetto Wellness and Injury Center to claim protection under any statutory lien law. For the purposes of this Agreement, "benefits" personal injury protection, no-fault coverage, uninsured and underinsured motorist coverage, third-party liability distributions, disability benefits, worker's compensation benefits, malpractice proceeds, and any other benefits or proceeds payable to me for the purpose stated herein, regardless of whether such proceeds are related to my charges or not.

I further agree that, in the event a payer refuses to pay Palmetto Wellness and Injury Center, I hereby assign, insofar as permitted by law, all of my rights, remedies, and benefits to Palmetto Wellness and Injury Center to extent of my charges, as well as any and all causes of action that I might have against such payer, to prosecute such causes of action either in my name or in the Office's name and to settle or otherwise resolve such causes of action as the Office sees fit.

In the event that I retain one or more attorneys to represent me in this matter, I will direct each attorney to issue a letter of protection to this office regarding my charge. Upon issuance, I hereby agree that such letter(s) of protection cannot be revoked or modified without the expressed written consent of this office. I further direct each attorney to provide immediate notice to this Office regarding any funds received by the attorney relating to my accident, to promptly pay such Office and to provide full accounting of such funds to this Office upon its request.

I hereby direct all payers to release to Palmetto Wellness and Injury Center, any information regarding any coverage or benefits which I may have including, but not limited to, the amount of the coverage, the amount paid thus far, and the amount of any outstanding claims.

I authorize this Office to release any information regarding my treatment or pertinent to my case(s) to all payers as defined above to facilitate collection under this Agreement. I hereby direct this Office to file a copy of this Agreement, together with any applicable charges, with any or all payers, regardless of whether a claim has been established with said payers. I hereby authorize Palmetto Wellness and Injury Center to endorse/sign my name on any and all checks listing me as a payee, which are presented to this Office for payment of an account relating to me, my spouse or any of my dependents. I further authorize Palmetto Wellness and Injury Center to apply and credit balances on charges incurred by me to any other outstanding charges still owed by me, my spouse, or my dependents, regardless of these other charges are related to my condition.

I understand that I remain personally responsible for the total amounts due Palmetto Wellness and Injury Center for their services. This Assignment and Lien does not constitute any consideration for this office to await payments and it may demand payments from me immediately upon rendering services at its option. If this office must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse Palmetto Wellness and Injury Center for all costs of such collection efforts, including, but not limited to, all court costs and all attorney fees.

This Assignment and Lien shall not be modified or revoked without the mutual written consent of Palmetto Wellness and Injury Center and myself. I hereby revoke any previously signed authorizations, whether executed at this office or any other office to the extent that the terms of those authorization conflict with the terms of this Assignment and Lien.

I agree that each and every provision of this Agreement is reasonably necessary for the protection of the rights and interest of Palmetto Wellness and Injury Center and myself. However, should any provision of this agreement be found to be invalid, illegal, or unenforceable, or for any reason cease to be binding on any party hereto, all other portions and provisions of this Agreement shall, nevertheless, remain in full force and effect.

Patient Name: _____ Date: _____

Patient Signature: _____

Guardian: _____ Guardian Signature: _____

Witness: _____ Date: _____

PALMETTO WELLNESS & INJURY CENTER

ASSIGNMENT OF PROCEEDS, CONTRACTUAL LIEN AND AUTHORIZATION

KNOW ALL MEN BY THESE PRESENTS: That the undersigned has made, constituted and appointed, and by these presents does hereby make, constitute and appoint **PALMETTO WELLNESS AND INJURY CENTER** and any of its duly authorized agents and employees as and to be the undersigned's true and lawful Attorney for and in the undersigned's name, place and stead to endorse any and all checks, drafts or money orders which are made payable to the undersigned alone or to the undersigned and the said **Palmetto Wellness and Injury Center** which checks, drafts, or money orders are to pay for chiropractic services or the like which have been or are to be performed by **Palmetto Wellness and Injury Center** at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft or money order.

The undersigned by these presents does thus give and grant unto the said **PALMETTO WELLNESS AND INJURY CENTER** as attorney the full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in about the premises as fully to all intents and purposes as the undersigned might or could do if personally present insofar as the endorsing and cashing of said checks are concerned.

The undersigned does hereby ratify and confirm any and all actions taken by the said attorney in accordance with this special power of attorney and which the said attorney shall do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, the undersigned have hereunto set their hand, this _____

Day of _____, 20____.

_____	_____
Patient Name	Date
_____	_____
Witness Name	Date

PALMETTO WELLNESS & INJURY CENTER
POWER OF ATTORNEY TO ENDORSE CHECKS

PATIENT NAME: _____

RELEASE OF INFORMATION

I hereby authorize **PALMETTO WELLNESS AND INJURY CENTER** to release medical and financial data to my insurance carriers and attorney. _____ INITIALS

RESPONSIBILITY OF BILL

The undersigned hereby accepts full financial responsibility and services rendered to the patient. The undersigned understands that services are rendered and charged to the patient and not to the insurance company. **PALMETTO WELLNESS AND INJURY CENTER** cannot accept total responsibility for collecting an insurance claim or negotiating a disputed settlement. The undersigned also agrees that this obligation shall exist regardless of private contractual agreement between the patient and any insurance carrier, attorney, or third party not signing this agreement. Financial responsibility will also include charges and services not covered by insurance for which payment is denied through any utilization review or precertification procedures. _____ INITIALS

CONSENT FOR TREATMENT OF MINOR CHILD

Consent is hereby given by the undersigned for chiropractic treatment and diagnosis studies as ordered by the doctors and performed by the technical staff of **PALMETTO WELLNESS AND INJURY CENTER**. The undersigned states that he/she is the patient's legal guardian. _____ INITIALS

SUBROGATION AND RIGHTS OF REIMBURSEMENT AGREEMENT

If I or one of my covered dependents receive benefits under my health insurance carrier hereinafter referred to as Carrier, due to an injury or illnesses result of the acts of a third party, I agree to repay the carrier any amount of money that I receive from third party of its insurer as compensation for such injuries up to the amount paid out the carrier. I understand that this includes the insurer or other agent or if I enter into any form of settlement regarding an accident which I or my covered dependents are injured as a result of the acts of a third party. I will do whatever is reasonably needed to secure the Carriers rights and shall do nothing to damage such rights. I will abide by this agreement only if my health insurance policy contains language policy that gives the health insurance carrier subrogation and rights of reimbursement. _____ INITIALS

X-RAY CONFIRMATION-FEMALES

This is to confirm that I have been advised by this office that X-Rays can be hazardous to an unborn child. At this time, to the best of my knowledge, I am not pregnant, and I consent to radiographic pictures if necessary. _____ INITIALS

Patient, Agent or Rep

Relationship

Witness

Date

PALMETTO WELLNESS & INJURY CENTER

CONSENT FORM