



Core Wellness

Chiropractic and Anti-Aging Centre

Patient Name _____ **Date** _____

Doctor's Assignment of Benefits/Lien (if applicable)

1. I hereby assign to Core Wellness Centre my rights to receive payments from insurance companies, negligent parties, my attorney, or any other party obligated to pay me any sums.
2. I authorize Core Wellness Centre to release any information to any insurance company, adjustor, or attorney that will assist in the payment of a claim.
3. I fully understand and agree that insurance policies are an arrangement between an insurance carrier and myself. I will be responsible for any expenses not paid by insurance.

The following in grey is only if a personal injury suit has or will be brought to cover patient's medical expenses.

4. If a lien is in effect, I hereby authorize and direct my attorney to pay directly to Dr. Patricia Zanelli such sums as may be due for medical service rendered me and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately compensate the doctor. I hereby further give a lien on my case to my attorney or myself regarding injuries for which I have been treated or injuries in connection therewith.
5. I agree never to rescind this document and that a rescission will not be honored by my attorney. In the event another attorney is substituted in this matter, the new attorney shall honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him.
6. I fully understand that I am directly and fully responsible to Dr. Zanelli for all medical bills submitted for service rendered me and that this agreement is made solely for Dr. Zanelli's additional protection and in consideration of her awaiting payment, I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.
7. **A photocopy of this form shall be as valid as the original.**

Patient signature _____

Date of injury (if applicable) _____

Physician's signature _____