

Doctor – Patient Irrevocable Assignment, Agreement, Lien, and Power of Attorney.

This agreement is between Scot Thomas Anderson, DC (hereinafter Doctor) and _____ (hereinafter Patient).

In consideration of Doctor’s agreement to await payment of professional fees until the conclusion of Patient’s claim relating to an accidental injury that occurred on _____. Patient gives Doctor an irrevocable lien upon his/her cause of action and an irrevocable assignment of funds derived from said cause of action whether by settlement, judgment, award, or otherwise, to secure payment of all fees owed to Doctor by Patient as and when such funds are received.

Patient acknowledges that Doctor has agreed to extend credit for treatment of injuries sustained in connection with said cause of action, on the sole basis of Doctor’s reliance upon this irrevocable lien given herein. Patient acknowledges that but for this irrevocable lien, Doctor would not provide said credit to Patient.

Patient hereby directs and instructs any party paying any sums to or for Patient’s benefit on this cause of action, whether it be Patient’s attorney, Patient’s own insurance company, a third party insurance company, or a third party defendant, to make payment directly to Doctor in satisfaction of this irrevocable lien and assignment. Patient further grants Doctor a limited power of attorney to receive said funds and negotiate said draft or check and to execute any documents related to said payment. Patient further agrees that if payment is made directly to him/her in reimbursement for Doctor’s services, said check or draft will be signed over to Doctor.

Patient hereby expressly recognizes that even though this irrevocable lien has been given, he/she remains personally responsible for the Doctor’s fees and that the payment of said fees must be made by the Patient regardless of whether any money is received through said claim. If either party is required to incur attorney’s fees to enforce the terms of this agreement, the party prevailing in any resultant action shall be entitled to an award of attorney’s fees in addition to all other damages. Patient hereby authorizes and directs Doctor to perform all acts and do all things necessary to give effect to and carry out the terms of this agreement. This agreement may be signed in counter parts.

Be sure this agreement is read and understood prior to signing.

Date: _____ Doctor: _____

Date: _____ Patient: _____