



31 Navaho Ave, Mankato, MN 56001 507-345-4035

ASSIGNMENT AND LIEN

I understand that Mankato Chiropractic Center/Mankato's Healing Touch will process my insurance claim for payment of my treatment on my behalf, not require me to pay for my treatment as it is rendered, and defer collection action against me for a reasonable time to allow me to resolve my claim, in return for my agreeing to the following assignment and lien.

___ 1. I hereby assign to Mankato Chiropractic Center/Mankato's Healing Touch any rights I have to payment of chiropractic treatment and supplies under any workers' compensation policy, automobile insurance policy, liability policy, health insurance policy, or other type of insurance policy or benefit plan. I authorize Mankato Chiropractic Center/Mankato's Healing Touch to receive direct payment from any such insurer or plan administrator. I authorize Mankato Chiropractic Center/Mankato's Healing Touch to release to any insurer, plan administrator, or attorney any records or information concerning me necessary to obtain direct payment of my bills.

___ 2. I hereby grant to Mankato Chiropractic Center /Mankato's Healing Touch a lien against any claims I may have against any third party who caused my injuries. This lien shall be in an amount equal to any unpaid bills for treatment or supplies provided to me by Mankato Chiropractic Center/Mankato's Healing Touch plus reasonable interest in the amount of 18 percent per annum. I promise to satisfy this lien out of any settlement proceeds or judgment I obtain from any third party or their insurer. I direct my attorney (if any), my insurer, and the insurer of any third party to satisfy this lien from my settlement proceeds or judgment before paying any amount to me.

___ 3. I understand that I am personally responsible to pay for any treatment or supplies provided to me by Mankato Chiropractic Center /Mankato's Healing Touch which are not paid for by my insurer or from any settlement proceeds or judgment I obtain from any third party.

___ 4. I hereby instruct my attorney (if any) to sign the "Letter of Protection" appearing below. I realize that, should my attorney not sign the "Letter of Protection" once it is presented to him/her, Mankato Chiropractic Center /Mankato's Healing Touch will not defer collection of my bills as noted above but will instead expect payment in full of all remaining balances.

Patient's Name

Signature

Date

LETTER OF PROTECTION

I certify that I am the attorney representing _____ with regard to the _____ of _____. I promise to honor the terms of the above Assignment of Lien.

Attorney

Date