

**ASSIGNMENT OF PROCEEDS, CONTRACTUAL LIEN, AND AUTHORIZATION AGREEMENT**

I hereby 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 directly to me for any medical conditions, accidents, injuries, or illnesses, past or future ("condition(s)"), to pay directly to me, and exclusively in the name of Dr. Eric Nazarenko for charges incurred by me at Old Mill Chiropractic LLC (the "Office"). This includes, but is not limited to, charges for treatment, narrative reports, depositions, testimony, and any other charges incurred by me at the Office ("charges"). I further grant a contractual lien to Dr. Eric Nazarenko with respect to my charges, applicable to all payers. However, I understand that nothing in this agreement shall be construed as an election by Dr. Eric Nazarenko to claim protection under any statutory lien law. For the purpose of this Agreement, "benefits" shall include, but shall not be limited to, proceeds from any settlement, judgment, or verdict, as well as any proceeds in relation to commercial health or group insurance, disability benefits, worker's compensation benefits, medical payments benefits, personal injury protection, lost wages benefits, lost services benefits, no-fault coverage, uninsured and under-insured motorists coverage, third-party liability distributions, malpractice proceeds, attorney retainer agreements, and any other benefits or proceeds payable to me for the purposes stated in this agreement, regardless of whether such proceeds are related to my charges or not.

I further agree that, in the event a payer refuses to pay Dr. Eric Nazarenko, Old Mill Chiropractic LLC, I hereby assign, as permitted by law, all of my rights, remedies, and benefits to Dr. Eric Nazarenko to the extent of my charges, as well as any and all cause 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 charges. 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 the Office regarding any funds received by the attorney relating to my accident, to promptly pay such office, and to provide a full accounting of such funds to the Office upon its request.

I hereby direct all payers to release to Dr. Eric Nazarenko any information regarding any coverage or benefits that 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 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 Dr. Eric Nazarenko to endorse/sign my name on any and all checks listing me as a payee that are presented to this Office for payment of an account related to me, my spouse, or any of my dependents. I further authorize Dr. Eric Nazarenko to apply any credit balances on charges incurred by me to any other outstanding charges still owed by me, my spouse, or my dependents, regardless of whether these other charges are related to my condition.

I understand that I remain personally responsible for the total amounts due to Dr. Eric Nazarenko for his services. This Agreement does not constitute any consideration for this Office to await payments and it may demand payments for me immediately upon rendering services at the discretion of Dr. Eric Nazarenko. If this Office must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse Dr. Eric Nazarenko for all costs of such collection efforts, including, but not limited to, all co

urt costs and all attorney fees.

This Agreement shall not be modified or revoked without the mutual written consent of Dr. Eric Nazarenko 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 authorizations conflict with the terms of this Agreement.

I agree that each and every provision of this Agreement is reasonably necessary for the protection of the rights and interests of Old Mill Chiropractic LLC and myself. However, should any provision of this Agreement be found to be invalid, illegal, or unenforceable, or for any other reason cease to be binding on any party here to, all other portions of this Agreement shall, nevertheless, remain in full force and effect.

Patient Signature:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Custodial Parent or Legal Guardian  
(Please Print):

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_