

# Main Street Chiropractic

301-B Main Street • North Myrtle Beach • SC • 29582

## **ASSIGNMENT LIEN AND AUTHORIZATION**

I hereby authorize and request Charles L. Lennon III, DC who examined and/or treated \_\_\_\_\_ to release any and all information including but not limited to reports, office notes, tests and x-ray results, narrative summaries and bills for services to my attorney, insurance carrier or adjuster.

I further authorize and direct my attorney and/or insurance carrier or adjuster to make payable and mail directly to **Main Street Chiropractic at 301-B Main Street, North Myrtle Beach, SC, 29582** such sum as may be due as a result of my examinations and treatment or in the event that an attorney or insurance carrier's prohibits direct payment, I ask that it be mailed to me in care of Main Street Chiropractic, 301-B Main Street, North Myrtle Beach, SC, 29582. I further understand that my bill with Charles L. Lennon III, DC shall be paid before any proceeds of a no fault claim, liability settlement or verdict shall be paid to me.

By signing this document I give a lien to Main Street Chiropractic on any settlement, verdict or insurance payment that I shall receive, said lien being granted to further secure my obligation to Charles L. Lennon III, DC.

In the event that no settlement or payment is received, I fully understand that I am ultimately and personally liable for payments for services rendered.

In the event my health insurance or other insurance company refuses to pay for these services rendered, I am either obligated to pursue legal remedies against any such action to enforce payment to this claim.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/ Legal Guardian/or other responsible party