



LIEN, ASSIGNMENT & AUTHORIZATION

This agreement, entered into on this date between _____ called "PATIENT" and Management Systems of Colorado (DBA Synergy Health Partners), Synergy Chiropractic Clinics, Movement Dynamics Physical Therapy, Injury Care Network, Rehabilitation Services, Infinity Imaging, Advanced Diagnostics & Imaging, and/or Professional Rehabilitation and Occupational Services, called "HEALTH CARE PROVIDER(S)."

The Patient desires to receive health care services from Health Care Provider(s) and desires to provide a lien, assignment, and release to the Health Care Provider(s) as consideration for the Health Care Provider(s) awaiting payment. Accordingly, it is agreed:

- A. Patient agrees to have a lien placed on any settlement, judgment, or payment from any legally responsible party or insurance company arising from my injuries related to a legal claim for damages from an incident on or about _____, including, but not limited to, a bodily injury liability claim, an uninsured or underinsured motorist claim, or any other insurance or legal claim. This lien is granted to the Health Care Provider(s). **Patient agrees and instructs any insurance company or other responsible party making payments, that any check or draft payable to me on this matter will be made payable jointly to me and the Health Care Provider(s).** I understand that I am directly and fully responsible to the Health Care Provider(s) for all bills submitted for services rendered and this agreement is made solely for additional protection and consideration for awaiting payment. Patient further understands that such payment is not contingent on any settlement, claim, judgment, or verdict, which patient may eventually recover. In the event of non-payment or reduced payment by any insurance company, health care benefit plan, or any other party possibly liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by the Health Care Provider(s), Patient agrees to be responsible for any such outstanding balance.
- B. Patient fully understands and agrees that this lien, assignment, and authorization are irrevocable.
- C. Patient agrees and directs any attorney-representing Patient to honor this lien and make payment under the lien directly to the Health Care Provider(s). Patient directs that the Patient's attorney be bound by this lien and treat it, irrevocable, as an assignment due to the Health Care Provider(s).
- D. Patient agrees that in the event of Patient or Patient's attorney receives any check or draft subject to this agreement, Patient or Patient's attorney agrees to act as fiduciary agent for the Health Care Provider(s) and will immediately deliver the check or draft to the Health Care Provider(s) to be applied to Patient's debt for services rendered.
- E. Patient authorizes and directs Patient's attorney to disclose any settlement or collected judgment amounts, distribution sheet, and final accounting by Patient's attorney to the Health Care Provider(s) and waives any attorney/client privilege as it relates to any terms, distribution, and final accounting of any funds collected.
- F. Patient authorizes and directs any third party insurance company to disclose the settlement amounts, dates of settlement, and terms to the Health Care Provider(s).
- G. Patient assigns to the Health Care Provider(s) any and all benefits and payments payable by Patient's insurance or health care plan(s) as a result of charges incurred by Patient for services rendered by the Health Care Provider(s). Patient also assigns to the Health Care Provider(s) any and all contractual rights and legal causes of action Patient has against an insurance company, health care plan, or any other party liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by the Health Care Provider(s).
- H. Patient authorizes Health Care Provider(s) to receive a complete copy of Patient's insurance policy, including any endorsements, conditions, limitations, benefits, exclusions, and policy limits.

Patient Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____