Primghar Chiropractic Center
Heather J. Einck D.C.
PATIENT CONSENT AUTHORIZATION

Consent for Treatment: I voluntarily consent to the rendering of care, including treatment and performance of diagnostic procedures. I understand that I am under the care and supervision of the attending physician and it is the responsibility of the staff to carry out the instruction of such physician.

Assignment of Right to Payment/Lien Against Benefits: I hereby authorize Primghar Chiropractic Center to file my claim. I assign to them my right to receive any and all payments or recoveries from any Insurance Company, attorney or third party for professional services rendered by Primghar Chiropractic Center. I convey a lien against any funds and authorize and direct any third party to withhold sums from any benefits, judgements, verdicts, settlements, or recoveries, and to adequately protect and to make payments for these services directly to Primghar Chiropractic Center pursuant to this assignment and lien.

Assignment of Cause of Action: In the event that any Insurance Company or third party obligated to make payment to me or to Primghar Chiropractic Center for the charges made for services, refuses to make such payment upon demand, I hereby assign, transfer and convey to Primghar Chiropractic Center, any and all cause of action that might exist in my favor against any such company or person. I authorize Primghar Chiropractic Center to prosecute said claims as it sees fit.

Release of Information: The physician may disclose all or part of the patient's record to any person or corporation which is or may be liable under a contract to the physician or to the patient or to a family member or employer of the patient for all or part of the physician charges, including by not limited to, insurance companies, workers compensation carriers, welfare funds, or the employer's employer.

Contact: I give Primghar Chiropractic Center permission to contact me on my cell phone.

I have read and understand the above information.

Signature_____ **Date** _____