



HOW TO HANDLE THE COST OF YOUR PERSONAL INJURY CASE and IRREVOCABLE ASSIGNMENT

Begin by contacting your own Auto Insurance Company and find out if you have **Medical Benefits or Personal Injury Protection on YOUR Auto Insurance Policy**. They have a vested interest in YOU as their customer and have the policy for your automobile to make sure it gets repaired. Even if the injury was the fault of another party, you will need to **file a claim with your own auto insurance**. We will then bill your auto insurance company. They should SUBROGATE with the AT FAULT Person's Auto Insurance (Third Party Carrier).

In some circumstances, the AT FAULT party is accepting full liability for the accident and there is no med pay available. In this case, please obtain confirmation in writing from the AT FAULT insurance company. You will be required to sign this Assignment of Benefits giving permission for the insurance carrier to pay our office directly. Ultimately, please be aware that **you** are liable for payment if the insurance company does not pay us within one year of the accident.

You will need the following information:

Date of Accident: _____

Your Auto Insurance Company: _____ Med Pay amount \$ _____

Mailing Address of Auto Insurance Company: _____

Name of Insured: _____ Claim # _____

Adjustor's Name: _____ Phone: _____ Fax # _____

Adjustor's Email address: _____

Third Party Insurance Company: _____

Mailing Address of Auto Insurance Company: _____

Name of Insured: _____ Claim # _____

Adjustor's Name: _____ Phone: _____ Fax # _____

Adjustor's Email address: _____

Attorney Name: _____ Address: _____

Contact Person: _____ Phone # _____ Fax #: _____

Email Address: _____

Irrevocable and Continuous Assignment of Insurance and/or Settlement proceeds and instructions for direct payment to The Wellness Center of Boise DBA Struble Chiropractic Inc

1. In consideration for the professional services provided by The Wellness Center of Boise, I, _____, do hereby irrevocably assign The Wellness Center of Boise any and all rights and interest I may have to insurance and/or settlement proceeds up to the full amount of the outstanding balance of the charges incurred for the services provided by The Wellness Center of Boise relation to my injury (date) _____.
2. I do hereby instruct my attorney and/or responsible insurance company to make said payment directly to The Wellness Center of Boise.
3. This assignment of rights and interest is irrevocable and continuous.
4. A photocopy of this assignment shall be considered as effective and valid as the original.
5. I, _____, attest that I understand the above information and acknowledge that I am personally responsible for payment of services rendered that are not paid for by my insurance carriers or through the attorney acting on my behalf. _____ (initials)

Print Full Name: _____ Signature: _____ Date: _____