



ASSIGNMENT OF BENEFITS – Auto

I, _____ assign all of the rights and benefits of any applicable personal injury protection, medical payments, or other coverage provided by any insurance policy issued pursuant to Florida Statutes §627.730 - §627.7405, to **Align Chiropractic Day Spa**, for services and supplies provided to me related to personal injuries I suffered in an automobile accident which occurred on _____.

I agree to, pay any co-payment or deductible not covered by the applicable personal injury protection, medical payments, or other insurance coverage.

This assignment includes, but is not limited to:

- all rights to collect benefits directly from any insurance carrier obligated to provide benefits for services and supplies I have received;
- all rights to take legal or other action against any insurance carrier obligated to provide benefits if for any reason the insurance carrier fails to pay any benefits due; and
- all rights to recover attorney fees, legal assistant fees, costs, and any interest on fees and costs, for any legal or other action taken by **Align Chiropractic Day Spa** as my assignee.

This is an assignment of rights only, and is not a delegation of any of my duties under the subject insurance policy.

I agree that **Align Chiropractic Day Spa** may retain any attorney it chooses to bring legal action against any insurance carrier obligated to provide benefits for services and supplies I have received, and that the attorney chosen may be different than any attorney I may have handling any claim I may have for personal injuries.

I have been given a copy of this assignment to retain for my records; I have read this assignment and I am satisfied that I fully understand the purpose and implications of executing this assignment and do so freely and voluntarily.

Patient Name _____ Date _____

The undersigned, as authorized representative of **Align Chiropractic Day Spa** accepts the assignment of benefits as set forth above.

Witness _____ Date _____