

Walker Road Chiropractic, PC.

**Lien, Assignment of Rights and Direct Payment Authorization**

This document is a valid contract. In consideration for any unpaid chiropractic, medical, massage or therapy services I received at Walker Road Chiropractic, PC., I (\_\_\_\_\_), herby grant *Walker Road Chiropractic, PC* , a *lien* equal the unpaid balance of any and **all chiropractic, massage and therapy charges provided by *Walker Road Chiropractic, PC.*, and arising from the injury event or events** occurring on or about \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_. (“Sum’s due”).

In further consideration for any unpaid chiropractic, medical, massage or therapy services I received, or will receive at Walker Road Chiropractic, PC, I \_\_\_\_\_ hereby direct and authorize any attorney, medical, health, auto liability, workers’ compensation, auto PIP, no fault, med pay or any other insurer or, presented with this document or a copy of this document, to **directly pay *Walker Road Chiropractic, PC*** any and all sums due to *Walker Road Chiropractic, PC*.

This contract **assigns my rights** to \$ “*sum’s due*”, to *Walker Road Chiropractic, PC* whether received by settlement, judgment, arbitration, verdicts or non-settlement payment. Any voluntary adjustment of amounts owed *Walker Road Chiropractic, PC* to accommodate settlement, attorney lien or any other lien shall not act as a waiver or estoppel of *WALKER ROAD CHIROPRACTIC, PC’s* rights. This contract is subject to the laws of the State of Oregon.

Furthermore, I authorize *Walker Road Chiropractic, PC* to release any information relating to my accident to any insurance company, claims adjuster, or attorney to facilitate collection under this assignment, lien and direct payment authorization contract. By signing this document I freely authorize release reports, chart notes, lien information, billings and auto PIP, no fault, med pay or any other insurer presented with this document or a copy of this document. I agree and understand that under this contract *Walker Road Chiropractic, PC* has the right to release said information to the insurer and the attorney for the party at fault.

This contract does not relieve me from primary responsibility for any and all services provided to me by *Walker Road Chiropractic,PC*. I accept that I am directly and fully responsible for services provided to me by *Walker Road Chiropractic, PC*. This contract is for the protection of Walker Road Chiropractic, PC only. *Walker Road Chiropractic, PC* remains entitled to payment in full directly from me any time after it provides services to me. I agree that *Walker Road Chiropractic, PC* may charge me a **30 day late billing fee of \$25**, to those accounts not paid within **30 days from the date of a statement sent to patient**.

This agreement is irrevocable and binding on my heirs, executor and legal representatives.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.  
Patient: \_\_\_\_\_

I, \_\_\_\_\_, attorney for the above indicated patient hereby acknowledge receipt of the above assignment, lien and direct payment authorization and, subject to my fee agreement and Oregon law, agree to protect Walker Road Chiropractic, PC’s right to “sum’s due”.

Attorney: \_\_\_\_\_ Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Walker Road Chiropractic,PC.  
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