



Brian R. Schnipper, D.C.

SCHNIPPER CHIROPRACTIC CENTER
6334 FOREST HILL BLVD.
GREENACRES, FL 33415
TELEPHONE: (561) 967-5900
FAX: (561) 967-5773

ASSIGNMENT OF BENEFITS

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 Schnipper Chiropractic Center, 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, cost, and any interest on fees and costs, for any legal or other action taken by Schnipper Chiropractic Center 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 the Schnipper Chiropractic Center 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 Signature (or guardian's signature)

Date

The undersigned, as authorized representative of Schnipper Chiropractic Center accepts the assignment of benefits as set forth above.

Authorized signatory for medical provider

Date