

Fogarty Chiropractic Life Clinic



LASTING PURPOSE

Kevin Fogarty, D.C., F.I.C.A. (Hon)

ASSIGNMENT OF BENEFITS

Patient Name: _____

I, _____, hereby assign all rights, title, and interest from any and all automobile insurance policy which provides medical benefits or no-fault benefits to the Fogarty Chiropractic Life Clinic, for payment for services rendered to me by Fogarty Chiropractic Life Clinic for treatment of injuries sustained in the automobile accident which occurred on _____.

Patient / Parent / Guardian

Date

In the event my Insurance Company fails to pay Fogarty Chiropractic Life Clinic the full amount owing to Fogarty Chiropractic Life Clinic after proper statutory notice, I hereby also assign the below cause of action to Fogarty Chiropractic Life Clinic.

ASSIGNMENT OF CAUSE OF ACTION

I, _____, by this instrument assign all rights and causes of action in tort, in contract, and the Laws of Florida against my Personal Injury Protection Carrier _____, for its failure to pay or fully pay for services rendered to me by Fogarty Chiropractic Life Clinic regarding injuries sustained in an accident which occurred on _____.

Patient

Date

Kevin Fogarty D.C.

Date