SPORT & SPINE REHAB
CHIROPRACTIC | PHYSICAL THERAPY | REHAB
Work Better, Play Harder

SPORT & SPINE athletics
Optimum Fitness, Peak Performance

AUTHORIZATION AND ASSIGNMENT

I, _____ hereby authorize Sport and Spine Rehab and any of its affiliate companies to furnish,
PLEASE PRINT NAME CLEARLY
upon request, to my attorney, _____ whose signature appears below, copies of medical copies of medical
PLEASE PRINT ATTORNEY'S NAME
reports of examination, diagnoses, treatment, prognosis, etc. pertaining, but not necessarily limited to my condition resulting from injuries sustained on _____. I hereby irrevocably authorize and direct said attorney receiving such
DATE OF ACCIDENT
medical reports to pay my physician his charge for services rendered by him, or any balance thereof, which shall include his charge for attendance in court, if required as an expert witness whether he testifies or not, and for reports made of depositions given in this matter. Unless the Sport and Spine Rehab doctor is instructed otherwise, he will assume that a narrative report is expected upon my release from his care. Said payment is to be made from any monies received by said attorney as a result of compromise or by way of collection of a judgment on my claim for injuries sustained on the above date. Payment of this amount as herein directed shall be the same as if paid by me. This authorization to pay my physician shall constitute and be deemed as assignment of so much of recovery as shall cover the aforesaid bill. I am also allowing my PIP to be mailed and paid directly to my physician Sport and Spine Rehab. I also authorize Sport and Spine Rehab to file for and collect their fees through either my health insurance and/or Personal Injury Protection Insurance if and when available. In the event my Personal Injury Protection coverage is paid directly to me, I agree to pay Sport and Spine Rehab immediately from these proceeds, with this bill taking precedence over any other financial demands which may have arisen as a result of this accident. I understand that payment to my physician for professional services is not to be delayed during the pendency of my claim. In the event of any dispute as to the charge for services rendered, I hereby authorize and direct my attorney to withhold the full sum claimed by my physician until such time as the matter is settled by compromise or judgment. It is agreed that nothing herein relieves me of the primary responsibility and obligation of paying my physician for the services rendered, and that payment by me for said medical services is not contingent upon any settlement, judgment, or verdict by which I may eventually recover said fee. In the event that my claim has not been settled within 180 days of my release from Sport and Spine Rehab, I agree to pay any remaining balance due on my account in full at that time.

_____ _____
Signature Date

_____ _____
Witness Date

I accept the above assignment and agree to observe the terms set forth, and to withhold such sums from my settlement, judgment, or verdict as may be necessary to adequately protect Sport and Spine Rehab interest.

_____ _____
Attorney Date

I, _____, on behalf of _____ Insurance Company agree to make payments out of _____ Personal Injury Protection Coverage payable to Sport and Spine Rehab.

_____ _____
Adjustor Date

Sport and Spine Rehab
Wintergreen Plaza
827 E Rockville Pike
Rockville, MD 20852
301.251.2777

Sport and Spine Rehab of McLean
6845 Elm Street, Ste 425
McLean, VA 22101
703.448.5799

Metro Sport and Spine Rehab
Metro 400 Building
4301 Garden City Drive, Ste 104
Landover, MD 20785
301.577.1115

Sport and Spine Rehab of Columbia
Hickory Plaza
10805 Hickory Ridge Road, Ste 103
Columbia, MD 21044
410.964.0837

Sport & Spine Rehab of Ft Washington
9300 Livingston Road
Fort Washington, MD 20744
301.203.6734

Sport and Spine Rehab of Fairfax
3925 Chain Bridge Road, Suite 101
Fairfax, VA 22030
703-890-2222

Sport and Spine Rehab of Sterling
21036 Tripleseven Road, Third Floor
Sterling, VA 20164
571-323-2120