

Motor Vehicle Financial Responsibility, Lien and Assignment of Right to Recovery.

Auto Insurance: The responsible party for payment for your services is the insured automobile the patient was in at the time of the accident. We cannot bill the other party's auto policy.

The patient is required by this office to comply with our financial policy. The patient agrees to:

1. Provide accurate and complete auto claim information prior to receiving treatment.
2. Fill out and sign: all lien agreements and motor vehicle history forms, in addition to Elixia's Confidential Personal Information and Patient Payment Policies.
3. Be fully responsible for tracking their own insurance coverage maximums. Patients with PIP claims are responsible for any charges exceeding their PIP limit, or occurring after their PIP expiration date.

Doctor's Lien and Assignment of Right to Recovery

- I do hereby authorize Elixia Wellness Group to furnish my attorney, and/or insurance carrier, with information regarding the accident in which I was involved.
- I understand that I am directly responsible to Elixia Wellness Group for any and all bills submitted for services.
- I further understand that such payments are not contingent on any settlement, judgment or verdict which I may eventually recover.
- I hereby assign and convey to Elixia Wellness Group a legal and equitable interest in any and all causes of action of rights of recovery. I also understand that a 12% percent interest charge will be accrued to any balance held over ninety days and will be subject to collections.
- I hereby authorize my attorney and insurance company to pay directly to Elixia Wellness Group that which is owed for professional services as a result of this accident and by reason of any other bills that are due to Elixia Wellness Group, including attorney fees. These are to be withheld from any settlement or judgment.
- I hereby further give a lien on my case to Elixia Wellness Group against any and all proceeds of my settlement, judgment or verdict which may be paid to you as result of the injuries for which I have been treated.
- I further instruct a separate check to be issued to Elixia Wellness Group, LLC for services rendered.
- The patient acknowledges that in the event an independent review is ordered by your motor vehicle company, the auto insurance may stop payment for future services even if funds are still available, or request a refund on services already rendered, and the patient is fully responsible for any charges incurred by this.
- I fully understand Elixia Wellness Group LLC does not bill auto insurance for supplements and I am fully responsible for those charges at time of service.

I have read this document, I understand it, and I voluntarily agree to be bound by it. I am directing my attorney to protect Elixia Wellness Group LLC interest as provided herein.

Patient Name (PRINT)

Patient Signature

Date