

**PREMIER CHIROPRACTIC AND REHAB**

**Dr. Shane Henry**

**3440 Division St., Suite G, Metairie, LA 70002**

**Office: 504-456-8560 Fax: 504-456-8562**

ASSIGNMENT & NOTICE OF PRIVILEGE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Telephone #

- a) **You are instructed to pay Premier Chiropractic and Rehab, Dr. Shane Henry, 3440 Division St., Ste G, Metairie, LA 70002, all amounts and charges for all professional services rendered to me by this office.**
- b) **This instruction to you is an assignment of my rights under medical coverage and other available coverage to the full extent of this bill. This includes all claims, be they first of third party claims.**
- c) **Any sum of the money under this assignment shall be credited to my account and I shall be personally liable for any unpaid balance to Premier Chiropractic and Rehab, Dr. Shane Henry. Should it be necessary to place my account in the hands of an attorney for collection, I agree to pay reasonable attorney fees and court costs.**

**PAY TO THE FOLLOWING HEALTH CARE PROVIDER**

**Premier Chiropractic and Rehab, Dr. Shane Henry, 3440 Division St., Ste G, Metairie, LA 70002, (504)456-8560**

\_\_\_\_\_  
Patient's Name & Address

\_\_\_\_\_  
Name of alleged responsible party

/ \_\_\_\_\_  
Date of injury

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness

The undersigned authorized representative of the insurance company/ attorney hereby acknowledges receipt of the above instruction and agrees to mail payment as referenced above directly to Premier Chiropractic and Rehab Dr. Shane Henry.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Note: If this acknowledgement is not signed and returned to Premier Chiropractic and Rehab, Dr. Shane Henry within 7 days, and if the patient continues under treatment after 7 days, it will be assumed and relied upon that the company has agreed to and acknowledges its obligation to make payment directly to Premier Chiropractic and Rehab, Dr. Shane Henry as authorized above by the patient.**

**Note: This notice is sent pursuant to LAS-R.S.9:4751 et.seq. and acts as a legal privilege in favor of Premier Chiropractic and Rehab, Dr. Shane Henry.**