PREMIER CHIROPRACTIC AND REHAB

Dr. Shane Henry

826 Focis Street, Metairie, LA 70005 Office: 504-456-8560 Fax: 504-456-8562

ASSIGNMENT & NOTICE OF PRIVLEGE

DATE	
Insurance Company	Attorney
Contact Name	Contact Name
Address	Address
Telephone #	Telephone #
 b) This instruction to you is an assignment to the full extent of this bill. This include: c) Any sum of the money under this assigniable for any unpaid balance to Premit to place my account in the hands of an court costs. PAY TO THE FOLLOWING HEALTH CAR	professional services rendered to me by this office. It of my rights under medical coverage and other available coverage des all claims, be they first of third party claims. Inment shall be credited to my account and I shall be personally er Chiropractic and Rehab, Dr. Shane Henry. Should it be necessary attorney for collection, I agree to pay reasonable attorney fees and E PROVIDER Jenry, 826 Focis St., Metairie, LA 70005, (504)456-8560
Patient's Name & Address	
Name of alleged responsible party	Date of injury
Patient's Signature	
Witness	
	rance company/ attorney hereby acknowledges receipt of the above instruction ely 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.