



**Worker's Compensation or Motor Vehicle Accident (if applicable)**

Date of Injury: \_\_\_/\_\_\_/\_\_\_

Have you filed a claim to your employer or auto insurance company? **Y N**. If yes when? \_\_\_/\_\_\_/\_\_\_

Was the vehicle you were in at fault? **Y N**

Were you the driver or a passenger (circle one) and were there any other passengers in the vehicle? **Y N**

Have you received any other medical treatment for injuries related to this accident? **Y N**

Insurance Carrier Name \_\_\_\_\_ Effective date of policy \_\_\_/\_\_\_/\_\_\_

Policy # \_\_\_\_\_ Claim Number \_\_\_\_\_

Adjuster's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have an attorney? **Y N** If yes, name and phone number \_\_\_\_\_

Other vehicles insurance information: \_\_\_\_\_

**AUTHORIZATION AND ASSIGNMENT**

I, \_\_\_\_\_ hereby authorize Towson Integrative Health, upon request, to my attorney, \_\_\_\_\_ whose signature appears below, copies of medical 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 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 Towson Integrative Health 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 Towson Integrative Health physician. I also authorize Towson Integrative Health 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 Towson Integrative Health immediately from these proceeds. 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 Towson Integrative Health, I agree to pay any remaining balance due on my account in full at that time, with interest accruing at 1.5% per month from that point on.

\_\_\_\_\_  
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 Towson Integrative Health's interest.

\_\_\_\_\_  
Attorney Date

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ Insurance  
Company agree to

make payments out of \_\_\_\_\_

\_\_\_\_\_ Personal Injury Protection Coverage payable to Towson Integrative Health.

\_\_\_\_\_  
Adjustor Date