

## Desert Mountain Chiropractic

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### PATIENT FINANCIAL AGREEMENT

(Equitable Lien/Benefit Assignment Contract and Indemnification Agreement)

*Please read the following carefully as it concerns your financial responsibility to the health care or service provider from whom you are about to receive services.*

I the undersigned patient hereby agree to establish a lien/assignment of benefits or claim in favor of Desert Mountain Chiropractic (hereafter referred to as DMC) by this contract and pursuant to any state statutes that apply in the state where I reside. I give my permission for DMC and/or their agent, to file, record and serve notice of this contract (lien/assignment) upon myself and all other parties who may be liable to me for damages arising from the accident which occurred on \_\_\_\_\_ (date) and any subsequent claims arising from this accident for which I am about to receive care. I understand that by doing so I have entered into a contract with the above named facility. **This agreement authorizes direct payment to said facility from any and all proceeds from an insurance policy, settlement, compromise, judgment verdict or damages** to which I may be entitled in connection with the settlement of claims or litigation arising from this accident, in such sums necessary to fully compensate the treatment facility from whom I have received care. The lien/assignment created by this Equitable Lien Contract and Indemnification Agreement shall have priority from the time and date on which said documents are actually filed, or recorded or served on the liable parties, over any subsequent liens or assignments of my interests in claims arising from this accident.

In exchange for providing necessary medical care without requiring payment in full at the time service is received, I agree to be responsible for all charges associated with my care, regardless of the insurance companies' reimbursement, settlement or compromise. Charges for which I agree to be responsible include any administrative expenses associated with processing my claim such as charges incurred by the provider for recording and/or serving notice of this lien/assignment upon any liable parties and their insurance companies. Also included are any collection charges or legal costs and fees incurred by the provider while attempting to collect the medical bills related to this claim should such action become necessary.

I further understand that as a part of the process of recording a lien/assignment, I will receive certified mail with a copy of the lien/assignment enclosed, and that this copy is for my own records and does not require any response on my part.

\_\_\_\_\_  
Patient / Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship [if guardian]