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**Assignment of Patient’s Legal Interest to Doctor in Order to Pursue Claim/Litigation Against Insurer or Third Party**

**WHEREAS**, the undersigned party, (patient) , is receiving/received chiropractic services commencing/from the (doctor’s office) ; and

**WHEREAS**, the undersigned party believes that he/she had the right to receive insurance benefits through (insurance company) which may provide full or partial benefits for all treatment expenses incurred in connection with the referenced treatment provided by (doctor’s office) ; and

**WHEREAS**, there presently exists/will continue to accrue valid and outstanding charges for chiropractic services presently totaling/totaling (amount) rendered by (doctor’s office) which remain unpaid by (insurance company) ,

**NOW, THEREFORE**, the undersigned hereby assigns to (doctor’s office) any and all rights which he/she may have to pursue a claim or claims against (insurance company) for such causes of action and other remedies sought for all matters arising out of the chiropractic services rendered to the undersigned by (doctor’s office) ;

**IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT**:

1. The undersigned client hereby assigns to (doctor’s office) its employees, agents, or legal representatives, all rights, causes of actions, claims, demands, or other forms of relief/interest the undersigned patient currently has or may accrue in the future arising out of injuries for which the patient is seeking treatment from (doctor’s office) .
2. This Assignment is intended to be full and complete and relate to any and all actions both civil and administrative, which may be brought within the judicial system or administrative proceeding within the State of Wisconsin. Patient authorizes the assigned party to take whatever steps necessary in retaining counsel to pursue such assignment/interest.
3. It is expressly understood and agreed that the undersigned patient is further assigning any and all rights, causes of action, claims, etc. that he/she may or does have in relation to treatment; including, but not limited to, punitive damage claims, bad faith settlement practices, bad faith claims, and failure to timely and properly settle and adjust an insurance claim.
4. The undersigned shall fully cooperate with (doctor’s office) and its legal counsel in pursuing any and all such claims. It is understood and agreed that any settlements or judgments in amounts in excess of the actual charges incurred with the (doctor’s office) shall inure to the exclusive benefit of (doctor’s office) , its employees, agents, representatives, successors and legal representative.
5. The undersigned patient acknowledges that he/she has freely, knowingly, and voluntarily signed this Assignment after having a full and complete opportunity to consider all matters associated with this Assignment, including the option of conferring with legal counsel. It is the express intention of the patient that all of the benefits and obligations under this Assignment shall extend to and accrue exclusively to the (doctor’s office) , its employees, agents, representatives and successors.

Dated at , Wisconsin on this day of , 20 .

Patient

Subscribed and sworn to before me on this

Day of , 20 .

Notary Public, State of Wisconsin

My commission:

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