

MSI INTEGRATIVE HEALTHCARE

1131 Baltimore Pike, Ste 202, Bel Air, MD 21014
7640 Belair Rd, Baltimore, MD 21236

ASSIGNMENT, LIEN, RELEASE, LETTER OF PROTECTION AND POWER OF ATTORNEY

I, _____ (“Patient”), hereby authorize, grant and recognize the establishment of a lien in favor of MSI Integrative Healthcare for all treatments, services, and surgeries performed and to be performed for Patient. This Lien and Security Agreement may include, but is not limited to, fees and costs originating from evaluation, consultation, rehabilitation, diagnostic testing, facility usage, and other services rendered to Patient. Patient therefore agrees as follows:

ACCORDINGLY, IT IS HEREBY AGREED:

1. Patient hereby authorizes MSI to furnish a full report and records regarding case history, examination, diagnosis, treatment prognosis, x-rays, laboratory reports and the results of all tests of any type or character such persons as MSI deems appropriate.
2. Patient assigns to MSI any and all benefits payable by Patient’s insurance or health care plans, including medical payments coverage, as a result of charges incurred by Patient for services rendered by MSI. Patient also assigns to MSI any and all contractual rights. Patient has against insurance company, health care benefit plan, or any other party possibly liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by MSI.
3. Patient fully understands that Patient is directly and fully responsible to MSI for all bills submitted for services rendered and that this agreement is made solely for additional protection and consideration for awaiting payment. Patients further understand that such payment is not contingent on any settlement, claims, judgments, or verdicts which Patient may eventually recover. In the event of non-payment by any insurance company, health care benefit plan, or any other party possible liable to Patient for payment of health care costs incurred by Patient as a result of services rendered by MSI, Patient agrees to be responsible for any such outstanding balance, including interest at 9% per annum, reasonable attorney’s fees and costs.
4. Patient fully understands that the lien and assignment given to MSI herein is irrevocable.
5. By executing this agreement, Patient hereby instructs and directs any attorney-representing Patient to honor the above lien assignment and make payment under the lien and assignment directly to MSI. Patient directs that attorney be bound by this lien and treat it irrevocably, as an assignment due to MSI. MSI is relying upon lien, assignment and directive to any attorney, and as a result of such reliance, MSI is providing care and treatment for which this lien, assignment and directive provide security for payment. Moreover, Patient agrees that it is Patient’s intent to impose upon Patient’s attorney an obligation to comply with the terms of this directive.
6. Patient hereby directs all insurers and other persons possibly responsible for Patient’s health care costs to make all payments for healthcare services rendered by MSI directly to MSI.
7. Patient agrees that in the event Patient receives any check, draft or other payment subject to this agreement, Patient agrees to act as fiduciary agent for MSI and will immediately deliver said check, draft, or payment to MSI to be applied to Patient’s debt for services rendered.
8. Patient hereby appoints _____ as Patient’s true and lawful attorney, irrevocable, and with full power of substitution for Patient and in Patient’s name to ask, demand, sue for, collect, endorse, sign and receive proceeds from insurance, other health benefits, and third party claims relating to services rendered to Patient by MSI. MSI is not obligated or compelled to exercise such powers but may do so in MSI sole discretion. Patient agrees to fully cooperate with MSI in collecting said amounts.
9. MSI agrees to submit a copy of this agreement with the initial claim form(s) which MSI submits to third party payor(s) of the assignment and other agreements contained herein. At the time each claim is submitted, a copy of the claim will be stored for safekeeping in Patient’s file and may be requested by Patient, to be mailed to any designated address.
10. Patient hereby authorizes MSI to receive a complete copy of Patient’s insurance policy, including any endorsements, conditions, limitations or exclusions. Patient acknowledges that he/she received, and may in the future receive, valuable services from MSI for which MSI is owed compensation. Patient authorizes MSI to make reasonable inquiries regarding the status of his/her personal injury claim, including contacting Patient’s attorney. Patient agrees to instruct his/her attorney to fully cooperate with MSI’s inquiries. Patient also agrees to provide to MSI, current contact information for his/her attorney, including name, telephone, fax, mailing address, and email address.
11. A copy of these documents shall be as binding as the document bearing the original signatures.

Patient Initials: _____
(Signature page to follow)



ASSIGNMENT, LIEN, RELEASE, LETTER OF PROTECTION AND POWER OF ATTORNEY, CONT'D.

Whereas, I have a right or cause of action out of personal injury, to wit:

I, _____, hereby authorize MSI Integrative Healthcare (MSI), to furnish upon request, to my attorney,

Any and all medical records, or reports of examination, diagnosis, treatment, or prognosis but not necessarily limited to those items as set forth herein, in addition to an itemized statement of accounts for services rendered therefore or in connection therewith, which my attorney may from time to time request in connection with my injuries describe above and sustained by me on the _____ day of _____, 20_____.

I, _____, hereby irrevocably authorize and direct my attorney to pay all charges/bills for medical services rendered (or any other responsible and customary charges incurred by my attorney) as submitted by MSI Integrative Healthcare in connection with said injury before I receive any settlement payments. Said payment or payments are to be made from any money or monies received by my attorney whether by judgment, decree, or settlement of this case, prior to disbursement to me and payment of the amount as herein directed shall be the same as if paid by me. This authorization to pay the practice (MSI Integrative Healthcare/MSI) shall constitute and be deemed as assignment of so much of my recovery I receive. It is agreed that nothing herein relieves me of the primary responsibility and obligation of paying my doctor or MSI for services rendered, and I shall at all times remain personally liable for such indebtedness unless by payment disbursed by my attorney. I accept the above assignment:

Dated: _____ **Patient Signature:** _____

As the attorney of record for the above-named, I hereby agree to observe the terms of this agreement, and to withhold from any award in this case sums as are required for the adequate protection of MSI Integrative Healthcare.

Dated: _____ Attorney Signature: _____

ACCIDENT INFORMATION

Patient Printed Name:	DOB:	SS#
Patient Home Address:	City, Zip:	Phone:
Attorney Name:	Attorney Phone:	Date of Injury:
		State:

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