

ASSIGNMENT OF BENEFITS, LIMITED POWER OF ATTORNEY, RELEASE OF RECORDS, CONSENT FOR TREATMENT, MEDICARE AND MEDICAID PATIENTS' CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST.

CONSENT FOR TREATMENT: I hereby consent to such treatment procedures and patient care which, in the judgement of my physician, may be considered necessary or advisable while a patient at Panaia Chiropractic and Rehabilitation of Cherry Hill, LLC.

ASSIGNMENT: I irrevocably assigned to you, Panaia Chiropractic and Rehabilitation of Cherry Hill, LLC, (herein referred to as "Panaia Chiropractic") my health care provider, all rights and benefits under my insurance contract for payment for services rendered to me. I authorize you to file insurance claims on my behalf for service rendered to me and this specifically includes filling arbitration/litigation in your name on my behalf against the health care/PIP carrier. I irrevocably authorize you to retain an attorney of your choice on my behalf for collection of your bills. I direct that all reimbursable medical payments go directly to you, my medical provider. I authorize you to act on my general health insurance coverage pursuant to the "benefit denial appeals process" set forth in the New Jersey Administrative Code.

As medical provider agreed to comply with the PIP carrier's decision point Review/pre-certification plan to hold the patient harmless if I fail to comply with same, in consideration for the carrier's consent to this agreement.

LIMITED/SPECIAL POWER OF ATTORNEY: In the event the insurance carrier responsible for making medical payments in this matter does not accept my assignment, or my assignment is challenged or deemed invalid, I execute this Limited/Special Power of Attorney and the point and authorize your collection of Attorney as my agent and Attorney to collect payment for medical services directly against the carrier in this case in my name including filing an arbitration demand or lawsuit. I specifically authorize that Attorney to file directly against the carrier in my name and/or in your name as a medical provider rendering services to me and designate your collection Attorney as my attorney in fact. I further grant Limited power of Attorney to you as my medical provider to receiving collect directly from the insurance carrier to pay directly any moneys due you for medical services you rendered to me.

RELEASE OF RECORDS: I authorize you and your Attorney to obtain medical information regarding my physical condition from any other health care provider, including hospitals, diagnostic centers, ect., and I specifically authorize such health care providers to release information to you about me, including medical records, X-ray reports, narrative reports, and any other report or information regarding my physical condition.