

AUTHORIZATION TO RELEASE INFORMATION:

_____ Insurance Company in hereby authorized to release to Panaia Chiropractic and Rehabilitation of Cherry Hill, LLC, and/or their designated legal council, all or any part of my medical record, billing information, insurance policy information, EOB's and any information contained in my PIP file.

**LETTER OF PROTECTION/ATTORNEY DIRECTIVE/
IRREVOCABLE ASSIGNMENT:**

I hereby irrevocably authorize my attorney _____ ESQ., to pay directly to "Panaia Chiropractic" sums as may be due and owing for services rendered by "Panaia Chiropractic" and to withhold such sums from any bodily injury policies, disability, medical payment benefits, no fault benefits, health and accident benefits, workers compensation benefits, or any other insurance benefits obtained to reimburse the undersigned, or from any settlement, verdict or judgement which may be paid to me or my attorney as a result of the injury or illness for which I have received services from "Panaia Chiropractic". I irrevocably assign to "Panaia Chiropractic" all rights and benefits under any insurance contracts for the payment of services rendered by "Panaia Chiropractic". I irrevocably authorize all information regarding my benefits under any insurance policy relating to any claims by "Panaia Chiropractic", be released to "Panaia Chiropractic" and/or their legal counsel. I irrevocably authorize "Panaia Chiropractic" to file insurance claims on my behalf for services rendered to me. I irrevocably direct that all such payments go directly to "Panaia Chiropractic".

I give "Panaia Chiropractic" and/or their legal counsel my power of attorney and have authorized them specifically to endorse/sign my name on any and all checks for payment of "Panaia Chiropractic" bills. I further acknowledge that I have a right to and have reviewed a copy of this agreement.

Date: _____

Print Patient's Name: _____

Patient Signature: _____