



Patient Name _____ Date of accident _____ Time _____

Were you the driver passenger. Were the roads dry wet snowy.

Were you struck from behind driver's side passenger's side head on

Were you wearing a seat belt Yes No

Do you recall any part of your head or body striking any part of the interior of the car? Yes No

If yes, please describe _____

Type of vehicle you were in? _____ Type of vehicle that struck you? _____

Head / body position at time of impact: head turned to left/right head looking back head straight forward
body straight in sitting position body rotated right/left other: _____

Were you knocked unconscious? Yes No Did you receive first aid? Yes No

Did you go to the hospital by ambulance a friend drove yourself Name of hospital: _____

Did hospital take x-rays? Yes No What treatment was given? _____

Are you currently working? Yes No Have you been unable to work? Yes No

List dates if unable to work: _____

Have you hired an attorney? Yes No

If so, give name phone# : _____

Liable Party:

Ins Company _____ Claim # _____

Adjustor Name _____

Phone # _____ Fax# _____

Your carrier information (Medpay)

Ins Company _____ Claim # _____

Adjustor Name _____

Phone # _____ Fax# _____

Patient Signature

Date



4805 Park Road Suite 225 Charlotte, NC 28209 704-527-7246 Fax 704-527-3080

To my insurance company with coverage applicable to my claim(s) and to any attorney representing me:

ASSIGNMENT OF BENEFITS

IN CONSIDERATION of the willingness of Greenapple Sports and Wellness to treat me on credit without demand for payment at the time services are rendered, I hereby agree and stipulate as follows:

I irrevocably assign to Greenapple Sports and Wellness any proceeds or compensation that I am or may become entitled to receive as a result of injuries that occurred on _____ to the extent of the chiropractic services rendered. I make this agreement without prejudice to any rights I may have to prosecute legal claims against any party who may be liable for my injuries, but I hereby authorize and instruct you to pay directly to Greenapple Sports and Wellness, from any disability benefits, medical payment benefits, liability benefits, health and accident benefit, workers compensation benefits, judgments, settlements, or proceeds of any kind that would otherwise be payable to me, such sums as are due or may become due to Greenapple Sports and Wellness, for its services rendered.

In the event that I retain one or more attorneys to represent me in this matter who are not located in NORTH CAROLINA, I will direct each attorney to issue a letter of protection to this office regarding my charges. Upon issuance, I hereby agree that such letter(s) of protection cannot be revoked or modified without the expressed written consent of this office.

I appoint Greenapple Sports and Wellness as my attorney in fact to affix my name as an endorsement upon the reverse of any checks or draft upon which I am a named payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with Greenapple Sports and Wellness.

I authorize Greenapple Sports and Wellness to release to any insurance with applicable coverage or to my attorney or successor attorney any information regarding my injuries, prior medical history, or treatment as may be necessary to facilitate collection of proceeds under this assignment.

I acknowledge that I remain personally liable for the total amount due to Greenapple Sports and Wellness for services rendered, including any balance remaining after the application of insurance payments and settlement or judgment proceeds. If Greenapple Sports and Wellness is required to take legal action against me to recover any unpaid balance to my account, I agree to reimburse Greenapple Sports and Wellness for its costs of recovery, including reasonable attorney's fee.

Patient Name (Printed)

Patient Signature

Date

Witness

NOTICE OF LIEN

Pursuant to N.C.G.S. 44-49 and 44-50, Greenapple Sports and Wellness hereby asserts and gives notice of a lien upon any sums recovered in damages for personal injury in any civil action and also upon all funds paid to the above-named patient in compensation for or settlement of injuries sustained, whether in litigation or otherwise. Greenapple Sports and Wellness hereby requests that if its claim is not paid in full from the foregoing proceeds, a full disclosure and accounting of proceeds by provided in conformity with N.C.G.S. 44-50.1. Greenapple Sports and Wellness agrees to be bound by any confidentiality agreements regarding the contents of the accounting.
Greenapple Sports and Wellness:

By: _____