



# Ash Chiropractic & Acupuncture Clinic

## Ashraf A. Soomar-Kheraj, B.S., D.C.

### PARTIAL ASSIGNMENT OF CAUSE OF ACTION, ASSIGNMENT OF PROCEEDS CONTRACTUAL LIEN & AUTHORIZATION

I have read, understand and agree to the terms of this Assignment attached:

\_\_\_\_\_  
Patient Signature:                      Patient's Name (Print):                      Date:                      PIN #:

\_\_\_\_\_  
Parent/Guardian's Signature:                      Parent/Guardian's Name (Print):                      Date:                      Dr. Initials:

\_\_\_\_\_  
Medical Insurance Plan:                      Member I.D. #:                      Signature of Insured (Covered member):

\_\_\_\_\_  
Subscriber or Insured's Name (Print):                      Date of Birth:                      Subscriber or Insured's Signature:

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\_\_\_\_\_  
Auto Insurance Plan:                      Policy #:                      Max PIP allowed:                      Signature of Insured (Covered):

\_\_\_\_\_  
Date of Injury:                      Claim #:                      Adjuster's Name:                      Contact #:

\_\_\_\_\_  
Subscriber or Insured's Name (Print):                      Date of Birth:                      Subscriber or Insured's Signature:

\_\_\_\_\_  
Witness' Signature:                      Print Witness' Name (Print):                      Date:                      Dr. Initials:

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