



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:

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:

4300 North Josey Lane Suite 104 · Carrollton, TX 75010 · Phone (972) 317-0680 · Fax (972) 317-0690

Email: Dr.Ash@AshChiro.com · www.AshChiro.com