

Mignano Family Chiropractic Center  
914 C Folly Road  
Charleston, SC 29412  
843-762-2386 Fax 843-795-9871

Dr. Cynthia Mignano  
Chiropractor

Dr. Salvatore Mignano  
Chiropractor

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## ASSIGNMENT OF NET SETTLEMENT OR JUDGEMENT PROCEEDS

Insurance Company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Salvatore Mignano and/or  
Dr. Cynthia Mignano  
Mignano Family Chiropractic Center  
914 C Folly Road  
Charleston, SC 29412

I hereby grant, convey, transfer, assign, and set over unto Mignano Family Chiropractic Center all of my rights, title, and interest to any proceeds from any settlement, judgment, or verdict arising from this accident, as may be necessary to fully compensate Mignano Family Chiropractic Center for any medical services rendered to me, both by reason of this accident and by reason of any other bills that are due Mignano Family Chiropractic Center.

I hereby authorize and direct you, my insurance company, to withhold from any settlement, judgment, or verdict, such sums as may be necessary to fully compensate Mignano Family Chiropractic Center for any medical services rendered to me, both by reason of this accident and by reason of any other bills that are due to Mignano Family Chiropractic Center. Such sums shall be paid directly to Mignano Family Chiropractic Center by you, my insurance company, from the proceeds of any settlement, judgment, or verdict arising from this accident.

It is expressly acknowledged, understood, and agreed that this assignment is conditioned and subject only to claims of you, my insurance company, for fees and services arising from the accident. Presentation of a signed copy of this assignment to you, my insurance company, shall constitute sufficient authority by Mignano Family Chiropractic to obtain said payment.

Irrespective of the above, I fully understand that I am directly and fully responsible to Mignano family Chiropractic Center for all medical bills submitted by Mignano Family Chiropractic Center for services rendered to me that this agreement is made solely for Mignano Family Chiropractic Center's additional protection and in consideration of Mignano Family Chiropractic Center's willingness to forego payment for services rendered to me for a period of 120 days. I further fully understand that such payment is not contingent on any settlement, judgment, or verdict that I may eventually recover. Accordingly, in the event payment in full is not made to Mignano Family Chiropractic Center with 120 days from the date the last medical services by Mignano Family Chiropractic are rendered to me, I shall be responsible for making such payment in full.

Dated \_\_\_\_\_ Patient's Signature \_\_\_\_\_