

# Renaissance Chiropractic, P.C.

1501 S. Center Rd. Burton MI 48509

## ASSIGNMENT OF NO-FAULT BENEFITS

In Consideration of the mutual covenants and undertakings of the parties as stated below, The Patient, \_\_\_\_\_, hereby assigns all of the Patient's present rights, privileges, and remedies, both statutory and contractual, to receive payment for certain no-fault PIP benefits for "allowable expenses," as defined in §3107(1)(a) of the Michigan No-Fault Automobile Insurance Act ("the No-Fault Act") to the Provider, Renaissance Chiropractic, P.C., subject to the terms and conditions set forth below:

1. This Assignment expressly includes the Patient's right to recover penalty sanctions under §3142 and/or §3148 of the No-Fault Act delay in the payment and/or non-payment of those no-fault PIP benefits that are the subject of the assignment.
2. The Provider and the Patient understand and agree that this assignment is valid as the date of their signatures and shall only cover those past due and presently due no-fault PIP benefits incurred by Patient for services rendered to Patient by the Provider, unless otherwise specified herein. The Provider and Patient understand and agree that this is not an assignment of future no-fault benefits and is not intended to include any no-fault benefits which have not yet been incurred.
3. The Provider will retain and/or pay a licensed attorney to perform all legal services necessary to collect or recover payment for the past or presently due no-fault PIP benefits referenced herein.
4. In the event that any court of competent jurisdiction declares that this Agreement voids or rescinds the subject no-fault automobile insurance policy or otherwise disqualifies the Patient from recovering no-fault PIP benefits under the No-Fault Act, the Provider and Patient agree that this Agreement, and the Assignment made herein, is null and void *ab initio*.

**EACH OF THE UNDERSIGNED HAS READ THE FOREGOING ASSIGNMENT OF BENEFITS, FULLY UNDERSTANDS IT, AND SIGNS IT FREELY AND VOLUNTARILY.**

***[Patient Name]***

By: \_\_\_\_\_

Her/His: \_\_\_\_\_

Dated: \_\_\_\_\_

***[Provider Name]***

By: \_\_\_\_\_

Its: \_\_\_\_\_

Dated: \_\_\_\_\_