

**Dr. James E. Hollingsworth**

- Chiropractic Physician
- Diplomate American Academy of Pain Management
- Clinical Member American Psychotherapy and Medical Hypnosis Association

**Assignment**

I, \_\_\_\_\_ (patient), hereby irrevocably assign to:

James E. Hollingsworth  
 10451 Garverdale Ct., Ste. 203  
 Boise, ID 83704

the sum of \$ \_\_\_\_\_, now due OR hereafter to be due to me from the proceeds of that certain bodily injury claim relating to an accident occurring at \_\_\_\_\_ (place of injury), which occurred on \_\_\_\_\_ (date of injury). Dr. Hollingsworth has provided me with care and treatment for said injury. In addition, he has delayed demanding of his fees. I wish to guarantee payment of his bill from the proceeds of the above-referenced claim.

I hereby authorize \_\_\_\_\_ (Insurance Company)

\_\_\_\_\_ (Attorney)

to pay the amount referenced above directly to Dr. Hollingsworth. I irrevocably assign said sums to him and instruct my counsel or agent to make such payment without further notice or approval from me. This Assignment supersedes any prior Assignment to Dr. Hollingsworth which both predates this Assignment and deals with the same accident and injury.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ (Patient)

\_\_\_\_\_ (Witness)

\_\_\_\_\_  
 Attorney