

**IRREVOCABLE ASSIGNMENT AND  
CONSENT TO DISBURSEMENT**

I do hereby irrevocably assign to Structural Healing Massage & Bodywork, Inc., 3758 SE Milwaukie Ave., Portland, OR 97202; that portion of any settlement, claim, judgment, award or verdict arising out of \_\_\_\_\_ which occurred on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, (the "claim") necessary to satisfy in full outstanding medical bills at the time of said settlement, claim judgment, award or verdict. I hereby irrevocably direct my insurance carrier and/or attorney to make payment directly to Structural Healing Massage and Bodywork, Inc. sums necessary to fully and completely satisfy the outstanding balance due to them by reason of their periodic billing, without contest as to the reasonableness of the billing. In the event I later dispute the reasonableness of charges, my dispute shall have no effect on my irrevocable instructions for payment of this bill, provided however, that I reserve the right to contest the reasonableness of charges subsequent to payment as provided herein.

I understand that regardless of the recovery obtained in the claim I have made for injury to me, I am directly and fully responsible to Structural Healing Massage and Bodywork, Inc. for all billings issued by and for services rendered to me unless my case is accepted under worker's compensation law in the state of Oregon. This agreement is made solely for Structural Healing Massage and Bodywork, Inc., and additional protection and in consideration of Structural Healing Massage and Bodywork, Inc.'s agreement to extend credit to me for services performed. My obligation to Structural Healing Massage and Bodywork, Inc. is not contingent upon any settlement, claim, judgment, and/or verdict by which I may eventually recover a fee. This assignment and consent to disbursement cannot be revoked, canceled, or terminated by me.

**DATED** this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Signature of Patient

**TO:** \_\_\_\_\_  
Insurance company for Patient

**TO:** \_\_\_\_\_  
Insurance company of other party

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**BY:** \_\_\_\_\_  
Attorney Representing Patient

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Enclosed is a copy of the above referenced "Irrevocable Assignment and Consent to Disbursement." Structural Healing Massage and Bodywork, Inc. will be pleased to provide you with updated billings and respond to your inquiries regarding our patient and your client.

Our records will reflect that you have received this "Irrevocable Assignment and Consent to Disbursement." In the event you receive and/or distribute proceeds from settlement, claim, judgment, award or verdict for the above-referenced patient who is your client we will expect you to honor the irrevocable instructions of the patient as set forth above and pay the balance due on the patient's account. No payment may be made without consent of Structural Healing Massage and Bodywork, Inc. unless we are paid in full at the time of settlement or judgment. Please provide us with written notification in the event that your involvement with this patient has been terminated. Your cooperation is appreciated.

**DATED** this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**(Provider Signature)**