

POWER OF ATTORNEY TO ENDORSE CHECKS

KNOW ALL MEN BY THESE PRESENT: That the undersigned has made, constituted, and by these present does make, constitute and appoint Karen Isaacson, DC and any of her duly authorized agents and employees as in the undersigned's name, place and stead to endorse any and all checks, drafts or money orders are made payable to the undersigned and the said Karen Isaacson, DC which checks, drafts, or money orders are to pay for chiropractic services or the like which have been or are to be performed by Karen Isaacson, DC at the request or knowledge and approval of the undersigned and/or the make of the check, draft or money order.

The undersigned by these presents does thus give and grant unto the said Karen Isaacson, DC as attorney the full power and authority to do and perform all and everything whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as the undersigned might or could do to personally present insofar as the endorsing and cashing of said checks are concerned.

The undersigned does hereby ratify and confirm any and all actions taken by the said attorney in accordance with this special power of attorney and which the said attorney shall do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF the undersigned have hereto set their hands, this _____ day of _____, 2009.

Witness

Patient's Name Printed

Patient's Signature

ASSIGNMENT OF BENEFITS

I hereby authorize, Atlanta Injury Specialist, to release to my insurance company, attorney, or adjuster any information aquired in the course of my examination or treatment.

My attorney and / or insurance company are hereby requested and authorized to pay directly to Atlanta Injury Specialists at 2879 East Point Street Suite 11, East Point, GA 30344 any and all outstanding bills for services rendered to me by Atlanta Injury Specialist.

This authorization and direction pertains to any and all sums of money which you may have received on my behalf, but particularly refers to any sums of money which you may have as a result of representing me in the captioned matter.

The only manner in which this authorization may be set aside or voided is be my presenting to you the edvidence of payment of any outstanding bills for services rendered to me by Karen Isaacson, DC.

Patient Signature

Date

**• ATLANTA INJURY SPECIALIST •
2879 EAST POINT STREET SUITE 11
EAST POINT, GA. • 30344
PHONE: 404.209.9277• FAX: 404.209.9477**