

***Calzaretto Chiropractic Center***

Anthony F. Calzaretto D.C.  
Brian D. Ryan D.C.

**Durable Limited Power of Attorney**

Insurance Company:

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

Patient Name: \_\_\_\_\_

Claim No: \_\_\_\_\_

D/A: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adjuster: \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENCE:**

That I \_\_\_\_\_ of \_\_\_\_\_ referred to herein as PRINCIPLE, designate my provider Anthony Calzaretto of 401 Cooperlanding Rd, Suite C-17, Cherry Hill, NJ 08002 to be my Attorney In Fact and agents (here and after called AGENT) for the following purposes:

**1. General grant of power under any applicable automobile Personal Injury Protection**

**Policy:**

To exercise any act, power, right or entitlement whatsoever that I now have or may hereafter relating to my policy of automobile insurance, or any policy of automobile insurance relating to or in any way pertaining to my right to Personal Injury Protection Benefits (hereinafter called PIP Benefits) which in any way may arise or be claimed to have arisen out of my motor vehicle accident of \_\_\_\_\_. I grant to my AGENT full power of attorney to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, irrevocably ratifying and confirming all that my agent shall lawfully do or cause to be done by virtue of this Power of Attorney and powers herein granted:

- a) Powers of Collection and Payment; to request, demand, do for, recover, collect, receive, all such sums of money, debts, dues, commercial paper, checks, drafts accounts, deposits, notes insurance and other contractual benefits and proceeds, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by me, or due, owing, payable but belonging to me in which I have or may hereafter acquire an interest as against any and all automobile insurance carriers responsible of payment of First

party PIP Benefits arising out of or claimed to have arisen out of my motor vehicle accident of \_\_\_\_\_, and to have, used, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery thereof, and to adjust, compromise and agree for the same, and to execute and deliver for me, on my behalf, and in my name, or endorsements, releases, receipts or other sufficient discharges for the same;

- b) Legal Representation: to obtain counsel to pursue in my name litigation and or arbitration through the appropriate forum including the Superior Court of New Jersey, The American Arbitration Association or alternative dispute resolution, a resolution of any disputes arising out of entitlement to any and all First Party Benefits against those automobile insurance companies which may be deemed responsible or claimed to be responsible for First Party Benefits;
- c) Investigation: To investigate, obtain and subpoena any and all necessary documents, depositions including sworn statements needed to be obtained in order to appropriately prosecute after said PIP claims both before and after initiation of litigation.

## 2. **Interpretation and Governing Law**

This instrument is to be construed and interpreted as a General Durable Power of Attorney. In consideration of the services provided by my attorney in fact this Power of Attorney is to be considered irrevocable. This instrument is executed and delivered in the State of New Jersey and laws of the State of New Jersey shall govern all questions of validity of this Power and the construction of its provisions.

## 3. **Third Party Reliance**

Third parties are directed to rely upon the representation of my AGENT as to all matters to any Power granted to my AGENT. Any third party may rely on a duly executed counterpart of this instrument, or a copy certified by my AGENT to be a true and correct copy and original hereof, as filled in completely as if such the third party had received the original of this instrument.

## 4. **Effective Date**

The provisions of this Power of Attorney which consists of three (3) pages, shall be effective upon the date of the execution as indicated here and after, it being my intention that all Powers conferred upon my attorney in fact herein or any substitute designated by me shall become effective upon the date of said document. The provisions of N.J.S. 46:2B-8 authorize me to provide that this Power of Attorney shall not be affected by my disability as principle, and I do hereby certify, it being my intention that all Powers conferred upon my attorney

in fact herein or any substitution designated by me shall remain in full force and effect, not withstanding my incapacity or disability, or any uncertainty with regard to it. In witness whereof I here into set my hand and sealed this on \_\_\_\_\_.

\_\_\_\_\_  
**Patient**

\_\_\_\_\_  
**Witness**

By Executing this document our office is given the authority to:

- Fully Accept assignment of Benefits
- File Arbtration when Carrier denies payment for service.