

AUTHORIZATION AND ASSIGNMENT

I, _____, hereby authorize my physician, _____ to furnish to my attorney, _____, any and all medical information, bills, and records, which he or they may request in reference to the injuries sustained by me, spouse or children on _____.

In exchange for such forbearance, I do hereby irrevocable assign to the doctors and do hereby authorize and direct my attorney(s) (named below) to pay to the doctors there from, the proceeds of any recovery in my claim or case to the extent of all the doctors charges for services rendered, whether said proceeds are received as result of compromise, collection of judgment of monies received from PIP, Med-pay, No Fault, or any other insurance policy. Furthermore, I do hereby specifically agree to permit and do hereby authorize and direct any additional, future, new or other succeeding attorney(s) or other representative(s) of mine, or of my child(ren) to do the same.

I understand and agree that this assignment and authorization in no way relieves me of my personal, primary responsibility to pay the doctors for such services and payment for such services is not contingent upon recovery in my claim or case. Furthermore, in the event payment is not made according to this assignment and authorization, and my account is placed with an attorney for collection, I agree to pay all cost incurred in the collection of these charges including court cost and reasonable attorney fees.

I hereby agree to, and do hereby waive the defense of the statute of limitations as it pertains to any claim filed against me beyond three (3) years (or any other statutory period) after the date services were rendered.

I agree to all of the above terms and further authorize request and direct my attorney to comply with the terms numbered 1 through 5 below.

Date: _____ Signed: _____

Witness: _____ Relationship to Patient: _____

The undersigned attorney(s) agree to the following:

1. Comply fully with the above A&A,
2. Withhold and pay from any proceeds from settlement, collection of judgment, PIP, Med-pay, or other insurance precedes the amount of the Doctor's charges, after contacting the Doctors' office for a current balance.
3. Advise within ten (10) days of the Doctors' request, the status of the above-referenced claim.
4. Notify the doctor immediately of any change in the status of the claim which may preclude payment of the assignment as a condition of referral.
5. Furnish home and work address information about the patient or family in the collection for the bill.

Law Firm Name: _____ Attorney Name: _____

Address: _____ Authorized Signature: _____

_____ Authorized Name: _____

_____ Authorized Signature: _____

Phone: _____