



Assignment and Authorization

You are hereby authorized to disclose and/or furnish my attorney(s)/insurance company with any and all medical information, bills, and/or records in your possession which they request in reference to any illnesses and injuries which I have suffered.

I further, irrevocably assign to you, and authorize and direct said attorneys/insurance company to pay from the proceeds of any recovery/claim in my case all reasonable fees for services provided by you, including fees for preparation and testimony, as a result of the injury or condition heretofore mentioned. I understand that this in no way relieves me of my personal primary obligation to pay for such services and that the signing of this form does not prohibit customary billing to you. All bills shall be paid promptly in the usual manner. This specifically includes but is not limited to any and all PIP, Med-Pay, or Med Expense payments.

It is further understood that the statute of limitations in this State is three (3) years from the time said services were last performed and I further understand that because of long delays in trial dockets, many cases are not tried or settled until a date which is beyond (3) three years after the last service was performed. In view of this, I hereby agree that the statute of limitations with respect to any claim for services mentioned above will not begin to run until there is a denial in writing by me of any balance claimed to be due and owing to you by me.

Signature: _____

Address: _____

If above Signature is not patient, Relationship to patient: _____

Witness: _____ Date: _____

THE UNDERSIGNED ATTORNEY FOR THE PATIENT REFERRED TO ABOVE HEREBY AGREES TO COMPLY FULLY WITH THE FOREGOING "AUTHORIZATION AND ASSIGNMENT" AND AGREES TO ADVISE THE NAMED ASSIGNEE IN WRITING THE STATUS OF THE CLAIM OF THE PATIENT WITHIN (10) TEN DAYS OF THE REQUEST, AND AGREES TO NOTIFY THE ASSIGNEE IF THE ATTORNEY CEASES TO REPRESENT THIS PATIENT AND/OR IF THE CLAIM IS DROPPED OR DENIED.

Attorney Signature

Address: _____

Print Name as Signed Above

Telephone: _____