

AUTHORIZATION AND ASSIGNMENT AGREEMENT



I, _____, hereby authorize **Physical Therapy Professional Center, Inc.** to furnish my **insurance company** _____ and/or **attorney** _____, copies of medical reports requested

(patient's name)

(name of medical and/or auto insurance)

(attorney's name)

in reference to all and/or injuries sustained by me, my child(ren), including, but not limited to the injury (ies) which was (were) sustained on ____/____/____

(Date)

In exchange for furnishing such reports, I do hereby irrevocably assign to you, and do hereby authorize and direct said attorney(s) and/or insurance company **to pay directly to you;** therefrom the proceeds of any recovery on my claim or case to the extent of **all** your charges for services rendered (and, also including, for reports, conferences, preparation for testimony, deposition, and court testimony as an expert witness), whether said proceeds of monies received from PIP, med- pay, no-fault, or any other insurance policy.

Further, I do hereby specifically agree to payment of above said proceeds directly to Physical Therapy Professional Center, Inc. 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 Agreement in **NO** way relieves me of my personal, primary responsibility to pay for such services, and payment for such services is **NOT** contingent upon recovery in my claim or case. Furthermore, in the event my account is placed with an attorney for collection, I agree to pay all costs incurred in the collection of these charges including but not limited to court costs, filing fees, and attorney's fees. This Authorization & Assignment Agreement Is in addition to a reaffirmation of any and all terms accepted in the Fee Agreement and all terms of the Fee Agreement are incorporated herein by reference into this Authorization & Assignment Agreement.

I further direct and the undersigned agrees to withhold and pay from any proceeds from settlement collection of judgment, PIP med-pay or other insurance proceeds the amount of the providers charges, after contacting the provider's office for a current balance. The undersigned also agrees to advise within ten (10) days of the provider's request, the status of the above referenced claim and to notify' the provider immediately of any change in the status of the above- referenced claim, which may preclude payment of the provider's charges. Additionally, the undersigned agrees to require any attorney to whom the undersigned refers, within or outside the firm, to honor this assignment as a condition of referral and obtain their written confirmation of the same and cooperate fully in furnishing home and work address information about the patient or family to aid in the collection of the bill. I waive any pre-existing attorney-client privilege that might otherwise prevent my attorney's full cooperation.

It is further understood that the statute of limitations 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 three (3) 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 the balance claimed to be due to you by me.

_____/_____/_____
Patient's Signature/Date

Date of Birth: ____/____/____

Address: _____

_____/_____/_____
Attorneys's Signature/Date

Name of Attorney's Firm

Address/Phone# _____