



**ASSIGNMENT, AUTHORIZATION, AND LIEN**

I hereby authorize and direct you, my attorney, and/or Insurance company to pay directly to Dr. Stephens such sums as may be due and owing for professional services rendered to me by reason of this accident or illness, and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect Dr. Stephens again any and all proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or myself as the result of injury or illness for which I have been treated.

I fully understand that I am directly responsible to the above assignee for all medical bills submitted by him for services rendered to me. I understand and agree that this assignment, lien and authorization do not constitute any consideration for the office to await payment and they may demand payments from me immediately upon rendering services at their option. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fees. I authorize the previously mentioned Doctor to release any information pertinent to my case to any insurance company, adjuster or attorney to facilitate collection under this assignment, lien and authorization. I agree that the above office be given power of attorney to endorse/sign my name on any and all check for payment and any indebtedness owed to the previously mentioned Doctor and assignee.

A photocopy of this agreement, authorization and lien shall be considered as effective and valid as the original.

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The following is required to your receipt of a narrative report and itemized billing:

PATIENT'S INSURANCE CO: \_\_\_\_\_

ADDRESS & PHONE NO: \_\_\_\_\_

ADJUSTER: \_\_\_\_\_ CLAIM OR FILE NO: \_\_\_\_\_

The undersigned being attorney of records for this patient does hereby agree to observe all the terms of the above and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect Dr. Stephens.

ATTORNEY'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_