ASSIGNMENT, LIEN & AUTHORIZATION OF INSURANCE BENEFITS TO INSURANCE COMPANY & ATTORNEY

I authorize Florida Injury Medical Centers, hereafter known as "Florida Injury Medical Centers" to release any information pertinent to my case to any insurance company, adjuster, or attorney to facilitate collection under this Assignment, Lien & Authorization. I agree that the abovementioned office be given Power of Attorney to endorse/sign my name on any and all checks for payment towards my doctor bills.

I hereby authorize and direct you, my insurance company and/or my attorney, to pay directly to Florida Injury Medical Centers such sums as may be due and owing Florida Injury Medical Centers for services rendered to me, both by reason of accident, of illness and by reason of any other bills that are due Florida Injury Medical Centers and to withhold such sums from any disability benefits, medical payment benefits, No Fault benefits, health and accident benefits, workman compensation benefits, or any other insurance benefits obligated to reimburse me or from settlement, judgment, or verdict on my behalf as may be necessary to adequately protect said Florida Injury Medical Centers. I hereby further give a lien to said Florida Injury Medical Centers against any and all insurance benefits named herein and any and all proceeds of any settlement, judgment, or verdict which may be paid to me as a result of the injuries or illness for which I have been treated by said Florida Injury Medical Centers. This is to act as an assignment of my rights and benefits to the extent of the services Florida Injury Medical Centers has provided.

In the event my insurance company, obligated to make payments to me upon the charges made by Florida Injury Medical Centers for their services, refuses to make such payments upon demand by me or Florida Injury Medical Centers, I hereby assign and transfer to Florida Injury Medical Centers any and all causes of action that I might have or that might exist in my favor against such company and authorize Florida Injury Medical Centers to prosecute said cause of action either in my name or in the Florida Injury Medical Centers' name and further I authorize Florida Injury Medical Centers to compromise, settle, or otherwise resolve said claim or cause of action as they see fit. This instruction to you is an assignment of my rights under medical coverage to the extent of this bill. THIS INCLUDES ALL CLAIMS, BE THEY FIRST PARTY OR THIRD PARTY CLAIMS.

This document represents my Assignment of Benefits, please be advised I am hereby placing you on notice pursuant to Florida case law that should you deny, reduce, or fail to pay either a part or this entire bill, I am requesting you reserve, or hold aside, that same amount until this dispute is resolved.

I understand that I remain personally responsible for the total amounts due Florida Injury Medical Centers for their services; I further understand and agree that this Assignment, Lien, and Authorization does not constitute any consideration for Florida Injury Medical Centers to await payments and they may demand payments from me immediately upon rendering services ling

Medical Centers such sums as may	9	ered to me by reason of this accident by withholding
such sums from any settlement, jud	gment or verdict as may be necessary to adeq	quately protect said doctor or Florida Injury
Medical Centers.		
Patient Name Printed	Patient Signature	 Date
II. NOTICE OF INITIATION	OF TREATMENT	
Pursuant to Florida Statu	tes 627.736(5)(c)1, the patient noted abov	ve was involved in a motor vehicle accident and
presented for treatment at this of	• • • • • • • • • • • • • • • • • • • •	

An Assignment of Benefits is enclosed with this notice, in which the patient has directed you to send all payments for

services rendered to the undersigned. The patient has granted us a lien on benefits.

Make all Payments on my behalf to:

Florida Injury Medical Centers 125 E. Merritt Island Cswy ste. 107 #206 Merritt Island, FL 32952

Patient's or Patient's Legal Representative's Signature	Date	