

**ASSIGNMENT OF BENEFITS AND DIRECTION FOR PAYMENT**

Patient: \_\_\_\_\_

Primary Insurance Co: \_\_\_\_\_

Account #: \_\_\_\_\_

Secondary Insurance Co: \_\_\_\_\_

I hereby instruct and direct the above named insurance company to pay by check made payable to:

Jewett Orthopaedic Clinic, P.A.

Post Office Box 8885

Winter Park, Florida 32790-8885

The medical and diagnostic expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the Services rendered. I am hereby assigning all medical benefits to which I am entitled to Jewett Orthopaedic Clinic, P.A. I understand that I am financially responsible for any amount not covered by insurance. I understand that it is my responsibility to report any changes in insurance coverage.

A photocopy of this assignment shall be considered as effective and as valid as the original. I also authorize the release of any information acquired in the course of my treatment to any insurance company, adjuster or attorney involved in this case.

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PATIENT  
(OR AUTHORIZED REPRESENTATIVE\*)

\_\_\_\_\_  
PRINT NAME OF PATIENT  
(OR AUTHORIZED REPRESENTATIVE\*)

\*Please explain Representative's relationship to Patient and include a description of Representative's authority to act on behalf of Patient.

**ASSIGNMENT AND LIEN FOR MEDICAL SERVICES RENDERED**

If I, [PAT\_NAME\_PFLS], receive or become entitled to receive any monies from any source whatsoever for my injuries, either through a lawsuit, settlement of a lawsuit or claim, award by a court or arbitrator(s), jury verdict, judgment or payment of insurance proceeds, I hereby assign and agree to pay said funds to:

Jewett Orthopaedic Clinic, P.A.

Post Office Box 8885

Winter Park, Florida 32790-8885

to the extent of any outstanding amounts then owed by me to the Jewett Orthopaedic Clinic, P.A. for medical services before any other fees, costs, or expenses are disbursed from any said funds. I further agree and acknowledge that the fee for the services to be performed by the Jewett Orthopaedic Clinic, P.A. depends on the treatment rendered and that any amount that I owe to the Jewett Orthopaedic Clinic, P.A. shall constitute a lien on any claim or lawsuit I may have as a result of my injuries and any settlement, judgment, jury verdict, or insurance proceeds that I receive or become entitled to receive.

This Assignment and Lien shall be placed in my chart and a copy thereof shall constitute actual notice to my attorney, or any other person, that my medical bills to the Jewett Orthopaedic Clinic, P.A. shall be paid first from the proceeds of any such settlement, judgment, jury verdict, insurance proceeds or otherwise. This authorization cannot be modified unless it is in writing and signed by both parties.

I hereby appoint the Jewett Orthopaedic Clinic, P.A. or its designee as my attorney-in-fact to sign my name to and file a financing statement under the Uniform Commercial Code to evidence this lien.

I understand that I remain personally responsible for the payment of all fees owed by me to the Jewett Orthopaedic Clinic, P.A. and that notwithstanding this Assignment and Lien, the Jewett Orthopaedic Clinic, P.A. is not required to look to any other person or entity for payment.

I hereby instruct my attorney to pay directly the Jewett Orthopaedic Clinic, P.A. such sums as may be due and owing for medical services rendered to me, and to withhold such sums from any settlement, judgment, jury verdict, or insurance proceeds as may be necessary to adequately protect the Jewett Orthopaedic Clinic, P.A. These instructions are irrevocable and may not be changed without the written agreement of the Jewett Orthopaedic Clinic, P.A. I have given authorization to the Jewett Orthopaedic Clinic, P.A. to forward this document to my attorney. My attorney hereby acknowledges that in the event I recover money through settlement, judgment, jury verdict, or insurance proceeds from any person or entity in which the law firm and/or attorney is an additional named payee, my attorney agrees to withhold and pay sufficient funds to the Jewett Orthopaedic Clinic, P.A. for any outstanding expenses owed to the Jewett Orthopaedic Clinic, P.A. in connection with medical services rendered as a result of my injuries.

\_\_\_\_\_  
SIGNATURE OF PATIENT  
(OR AUTHORIZED REPRESENTATIVE\*)

\_\_\_\_\_  
PRINT NAME OF PATIENT  
(OR AUTHORIZED REPRESENTATIVE\*)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ATTORNEY

\_\_\_\_\_  
PRINT NAME OF ATTORNEY

\_\_\_\_\_  
TELEPHONE

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