



AS A COURTESY, WE MAY BILL YOUR INSURANCE FOR YOU BUT WE WILL NEED YOUR AUTHORIZATION

Assignment of Benefits

Authorization To Pay Medical Benefits Directly To MD Health Clinics, Inc. And It's Providers.

The undersigned AUTHORIZES, whether signing as patient or as patient's agent, direct payment to MD Health Clinics, Inc. or its Providers any benefits otherwise payable to or on behalf of the undersigned for treatment or for services rendered. In the absence of such payment, provider is further assigned all necessary rights to enforce collection of such benefits or payments. It is agreed that payment to the provider by any company, pursuant to this authorization, shall discharge said company only to extent of such payment. **It is understood that the patient is financially responsible for charges not collected by this agreement.** Should any litigation arise out of this agreement, the prevailing party shall be entitled to reasonable attorney's fees and actual costs. The patient authorizes the provider to contact the employer and/or company responsible for the payment of any benefits for the purpose of determining the existence and extent of benefits, and authorizes the release of any and all information in the possession of the employer and/or company necessary to determine the existence and/or extent of such benefits.

For and in consideration of services rendered, the patient agrees that MD Health Clinics, Inc. and its providers shall have an irrevocable lien equal to the charges for the services rendered, on any recovery due the patient because of the injury or illness that required services, whether said recovery is by judgment, settlement arbitration award, hearing award, compensation, or insurance payment. A photocopy of this assignment shall be valid as the original.

Patient Name

Patient Signature

Date