4271 South Lee St. Suite 201
Buford GA 30518
Office: (770) 614-6551
Fax: (770) 531-8435

AGREEMENT OF ASSIGNMENT OF NET SETTLEMENT OR JUDGEMENT PROCEEDS

Patient _____
Attorney _____
Address _____
City _____ Zip _____
Telephone _____

I, hereby authorize and direct you, my attorney, to pay directly to the above named Health Care PROVIDER (herein after called PROVIDER), such sums as may be due and owing to said PROVIDER for health services rendered to me for reason of this personal injury cause of action and by any reason of any other bills, due said PROVIDER and to withhold such sums from any settlement, judgment or verdict that may be necessary to adequately protect said PROVIDER. I hereby also authorize that the settlement check may be made payable to the attorney, PROVIDER, patient and that no payments that are due to the PROVIDER can be made to me.

I, hereby further irrevocably create this assignment on my case and irrevocably assign with preference said assignment to the above named PROVIDER against any and all proceeds of settlement, judgment or verdict which may be paid to you my attorney, or myself as a result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to said PROVIDER for all health care services rendered to me and this assignment is made solely for the PROVIDERS additional protection and in consideration to said PROVIDERS awaiting payment in the event this case is assigned by me to attorney not a signatory herein. I understand and agreed that all monies due said PROVIDER would be due and payable immediately. I further agree that the PROVIDER has only agreed to wait a period of twelve (12) month form the date of hereof for payment, and if not paid within the time, I understand that the PROVIDER may look to me for immediate payment.

I, the patient, further agree that if my attorney does not accept and sign this settlement, then I will use any attorney that the PROVIDER recommends.

I UNDERSTAND THAT THIS IS AN IRREVOCABLE ASSIGMENT

Date _____ Patient's Signature _____
Date _____ Attorney's Signature _____