



Assignment, Lien and Authorization Insurance Benefits

Tampa Institute for Pain and Spine
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To Whom it may Concern:

I, _____, Hereby authorize and direct you, my insurance carrier and/or my attorney to pay directly to Tampa Institute for Pain and Spine, LLC (Assignee) such sums as may be due and owing Assignee for services rendered me, both by reason of accident or illness, , and by reason of any other bills that are due Assignee, and to withhold such sums from any disability benefits, medical payments benefits, NO-FAULT benefits or any other insurance benefits obligated to reimburse me or form any settlement, judgement, or verdict on my behalf as may be necessary to adequately protect said Assignee. I hereby further give a lien to said Assignees against any and all insurance benefits named herein and any and all proceeds of any settlements, judgments or verdicts which may be paid to me as a result of the injuries or illness for which I have been treated by Assignee. This is to act as an assignment of my rights and benefits to the extent of the Assignee's services provided. Further, I hereby instruct the insurance carrier to request that, in the event that the subject medical services and/or benefits are disputed for any reason, the amount of benefits being claimed by Tampa Institute for Pain and Spine, LLC are to be held in escrow and not be disbursed until the dispute is resolved.

In the event my insurance company obligated to make payment to me upon the charges made by the Assignee for their services refused to make such payments, upon demand by me or Assignee, I hereby assign and transfer to Assignee any and all cause of action that I might have or that might exist in my favor against such company and authorize Assignee to prosecute said cause of action either in my name or in Assignee name and further authorize Assignee to compromise, settle or otherwise resolve said claim or cause of action as they see fit.

I authorize to release any information pertinent to my case to any insurance carrier, adjuster or attorney, to facilitate collection, under this Assignment, Lien, and Authorization. I agree that the above-mentioned Assignee be given Special Power of Attorney to endorse/sign my name on all checks and claims forms for payment of my bill.

Dated: _____

Claimant

Witness