

Legal Representation:

Attorney's Name:

Telephone Number:

Insurance Information:

Insurance Name:

Adjuster Name:

Telephone #:

Claim #:

Please Read and Sign

I hereby authorize any physician, hospital, pharmacy, insurance company, employer or organization to release any and all medical information history, diagnosis, records or x-rays in you're concerning the undersigned to Jose Mauricio. A photocopy of this authorization shall be valid as the original.

AUTHORIZATION AND ASSIGNMENT: I hereby authorize my insurance to pay direct to Jose Mauricio the expenses benefits allowable, and otherwise payable to me under my current insurance policy, as payment toward the total charges for professional services rendered. This payment shall not exceed my indebtedness to above mentioned assignee and I have agreed to pay, in a current manner, any balance of said professional services charges over and above this insurance payment.

DOCTOR'S LEIN: I do hereby authorize the above doctor to furnish you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc. of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney, to pay directly to said doctor such sums may be due and owing him for medical services rendered me both by reason of this accident and and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor. And I hereby further give alien on my case to said doctor against any and all proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or myself as the 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 doctor for all medical bills submitted by him for service rendered to me and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Patient's Signature:

Date: