



Advance Spine and Pain Physical Therapy, LLC

225 East State St. Suite 12 Trenton, NJ 08608

Tel: (609) 695-8100 Fax: (609) 695-8110 www.asappt.com

Auto Accident Assignment of Benefit

For consideration received. I assign to Advance Spine and Pain Physical Therapy, LLC, all my rights and interest in the medical expense benefits portion of the personal injury protection coverage in the automobile insurance policy or other insurance coverage involved. This assignment is given with respect to all treatment, care and diagnostic testing given by this office. By assigning these benefits, I have expressly agreed that the following rights are assigned to Advance Spine and Pain Physical Therapy, LLC.

1. The right to collect from the insurer the payment of all reasonable expenses with respect to the expense benefit listed above.
2. The right to file a lawsuit directly against the insurance company in the name of Advance Spine and Pain Physical Therapy, LLC, as assignee, and to designate an attorney of the choosing of the treating party for the purpose of filing said lawsuit in order to enforce payment of treatment expense benefits. I WILL NOT BE RESPONSIBLE FOR ANY FEES OR COSTS OF SUCH LAWSUIT.
3. I agree to fully cooperate with the assignee in the collection of the benefits claim from the insurance carrier, to include full cooperation with the attorney chosen by the assignee, the answering of any interrogatories, the appearance at any deposition, and the appearance at trial if required.

Signature

Date

Witness Signature

Voluntary Provider's Lien

I hereby provide an irrevocable lien to Advance Spine and Pain Physical Therapy, LLC, against any settlement, judgement, or verdict arising out of my accident for which treatment was provided. I agree never to rescind this document, and that a rescission will not be honored by my attorney. I further instruct in the event another attorney is substituted in this matter, the new attorney, upon notice shall honor this lien and deem same enforceable as if it were executed by him. UPON SETTLEMENT, JUDGEMENT OR VERDICT, AND PRIOR TO THE DISBURSEMENT OF ANY FUNDS TO MYSELF, I HEREBY DIRECT MY ATTORNEY TO PAY TO ADVANCE SPINE AND PAIN PHYSICAL THERAPY, LLC, ANY AND ALL SUMS DUE AND OWING TO THIS PROVIDER. FURTHERMORE, I UNDERSTAND THAT I AM PRIMARILY RESPONSIBLE TO THE PROVIDER FOR ANY AND ALL TREATMENT FEES.

Signature

Date

Witness Signature