

ASSIGNMENT OF PROCEEDS, LIEN, AND AUTHORIZATION

I hereby authorize and direct any and all insurance carriers, attorneys, agencies, governmental departments, individuals, and/or other legal entities ("payers"), which may elect or be obligated to pay, provide, or distribute benefits to me for any medical conditions, accidents, injuries, or illnesses past, present, or future ("condition") to pay directly and exclusively to Charleston Spine Center (CSC) such sums as may be owing to CSC for charges incurred by me at CSC relating to my condition ("charges"), with such payments to be made exclusively in the name of Charleston Spine Center. I further grant a lien to CSC with respect to my charges. This lien shall apply to all payers and to the full extent permitted by laws. For the purposes of this document (herein, "Assignment and Lien"), "benefits" shall include, but not be limited to, proceeds from any settlement, judgment, or verdict, as well as any proceeds relating to commercial health or group insurance, medical payments, benefits, personal injury protection, no-fault coverage, uninsured and underinsured motorist coverage, third-party liability distributions, disability benefits, workers' compensation benefits, and any other benefits or proceeds payable to me for the purposes stated herein.

In the event that I retain one or more attorneys to represent me in this matter who are not located in South Carolina, I will direct each attorney to issue a letter of protection to this office regarding my charges. Upon issuance, I hereby agree that such letter(s) of protection cannot be revoked or modified without the express written consent of this office.

I authorize CSC to release any information regarding my treatment or pertinent to my case(s) to all payers as defined above to facilitate collection under this Assignment and Lien. I further authorize and direct all payers to release to CSC any information regarding my coverage or benefits which I may have including, but not limited to the amount of coverage, the amount paid thus far, and the amount of any outstanding claims. I hereby direct CSC to file a copy of this Assignment and Lien, together with any applicable charges, with any or all payers, regardless of whether a claim has been established with said payers. I hereby authorize CSC to endorse/sign my name on any and all checks listing me as payee which are presented to CSC for payment of an account relating to me, my spouse, or any of my dependents. I further authorize CSC to apply any credit balances on charges incurred by me to any other outstanding charges still owed by me, my spouse, or my dependents.

I hereby authorize CSC to file my claims with my health insurance. In the event that my charges are filed with two or more collateral payers in their full amount, and any of these payers either requests or applies a discount to my charges, by contract or otherwise, I hereby waive the discount and authorize CSC to collect the discounted amount directly from the other payers. I further waive and agree to be responsible for the discounted amount to the extent that I have actually received payment, or am entitled to receive payment, from the other payers based upon the full charges. This waiver shall apply regardless of whether payment is in compensation for medical expenses, or for any other types of damages recognized by law, provided that such payment is related to, or based upon, the submission or filing of my full charges. This waiver shall not apply where such waivers are expressly prohibited by law. This authorization cannot be revoked without the express written consent of CSC.

I understand that I remain personally responsible for the total amounts due CSC for their services. This Assignment and Lien does not constitute any consideration for CSC to await payments and it may demand payments from me immediately upon rendering services at its option. If CSC must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse CSC for all costs of such collection efforts including, but not limited to, all court costs and all attorney fees.

This Assignment and Lien shall not be modified or revoked without the mutual written consent of CSC and myself. I hereby revoke any previously signed authorizations, whether executed at this office or any other office to the extent that the terms of those authorizations conflict with the terms of this Assignment and Lien.

Patient name (please print)_____

Patient Signature_____ Date ____/____/____

Custodial Parent (if applicable, please print)_____

Parent/Guardian signature_____ Date ____/____/____

Witness signature_____ Date ____/____/____