



Capital Orthopaedic and Sports Medicine Center, P.A.

Fred E. Benedict, M.D., F.A.A.O.S.
George M. Charron, M.D., F.A.A.O.S.
Ronald A. Summers, M.D., F.A.A.O.S.
Barry D. Oliver, M.D., F.A.A.O.S.
Brian D. Hoffman, M.D.

CHART#

IRREVOCABLE ASSIGNMENT LIEN AND AUTHORIZATION INSURANCE BENEFITS AND ATTORNEY

TO WHOM IT MAY CONCERN:

I hereby authorize and direct you, my insurance carrier and/or attorney to pay directly to Capital Orthopaedics & Sports Medicine Center, P.A. such sums as may be due and owing this office for services rendered me, both by reason of accident or illness and by reason of any other bills that are due this office and withhold such sums from any disability benefits, medical payment benefits, no-fault benefits, health and accident, Workers' Compensation benefits, or any other insurance benefits obligated to reimburse me from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect said office. I hereby further give lien to said office against any and all insurance benefits named herein and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated for by said office. This is to act as an assignment of my rights and benefits to the extent of the offices services provided.

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

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

Signature (SEAL) Date

I authorize my Attorney _____ to sign this lien to pay the outstanding balance at settlement under NC General Statute §44.50.

Signature (SEAL) Date

Please sign this Assignment Lien and Authorization and return to Capital Orthopaedics & Sports Medicine Center, P.A.

Attorney (SEAL) Date

All monthly statements are due and payable in full upon receipt. Late payment charges of 1.5% per month will be added to all unpaid balances after 90 days from date of service.

Please Reply To: 1108 Dresser Court • Raleigh, North Carolina 27609 • 919-876-8300 • FAX 919-876-9690

401 Keisler Drive • Cary, North Carolina 27511 • 919 851-5880 • FAX 919-851-9433