ASSIGNMENT OF PROCEEDS, CONTRACTUAL LIEN, AND AUTHORIZATION

I hereby direct any and all insurance carriers, attorneys, agencies, governmental department, companies, individuals, and / or legal entitles ("payer"), which may elect or be obligated to pay benefits to me for any medical conditions, accidents, injuries, or illnesses, past or future ("conditions''), to pay directly, and exclusively in the name Dr. Globke, such sums as may be owing to Dr. Globke for charges incurred by me at the Doctor's office because of any of the above referenced reasons.

I further grant contractual lien to Dr. Globke with respect to all of my charges which I have incurred at the Doctor's office applicable to all payers who are paying because of the injuries for which Dr. Globke has treated me. However, I understand that nothing in this Agreement shall be constructed as an election by Dr. Globke to claim protection under any statutory law.

For the purposes of this Agreement, "benefits" shall include, but shall not by limited to, proceed from my settlement, judgment, or verdict as well as any proceeds relating to commercial health or group insurance, disability benefits, workers compensation benefits, medical payments, benefits, personal injury protection, lost wages benefits, lost services benefit, no-fault coverage, uninsured and under insured motorist coverage, third party liability distributions, and any benefits or proceeds payable to me for the purpose stated herein.

I further agree that, in the event a "payer" refuses to pay Dr. Globke as directed in this Assignment, I hereby assign insofar as permitted by law, all of my right, remedies, and causes of action that I might have against such payer to Dr. Globke to the extent of my charges. I hereby assign these rights to Dr. Globke so that the Doctor may prosecute causes of action either in my name, his name, or in the Office's name, and to settle and or otherwise resolve such causes of action as the Doctor sees fit.

This agreement in no way gives, transfer or conveys any control of any lawsuit I may have, which caused the injuries for which the Doctor is treating me, to Dr. Globke. Dr. Globke has no right to direct or manage any underlying lawsuit that has caused the injuries for which the Doctor is treating me.

In the event that I retain one or more attorneys to represent me in this matter, I direct each attorney to issue a letter of protection to this office regarding any charges that I incur as set forth above. 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 hereby direct my attorney to pay directly to Dr. Globke, from any monies recovered on my behalf from any source, amounts to cover the complete balance that I owe Dr. Globke for the treatment that has rendered to me. These amounts are to be paid to Dr. Globke before any monies are disbursed to me.

I hereby direct all payers to release to Dr. Globke, any information regarding any amount of coverage, the amount paid thus far, and the amount of any outstanding claims.

I understand that I remain personally responsible for the remaining amounts due to Dr. Globke for his services. This agreement does not constitute any consideration for the doctor to await payments and the doctor may demand payments from me immediately upon rendering services at the Doctor’s option. If the Doctor must take any action to collect an outstanding balance on my account, I will be responsible for payments and will reimburse Dr. Globke for all costs of such collection efforts, including but not limited to all court cost and all attorney’s fees.

The Agreement shall not be modified or revoked without the mutual written consent of Dr. Globke and myself. I hereby revoke any previously signed assignment, whether executed at this office or any other offices to the extent that the terms of those assignments conflict with the terms of this Agreement.

I agree that each and every provision of this Agreement is reasonably necessary for the protection of the rights and interest of Dr. Globke and myself, However, should any provision of this Agreement be found to be invalid, illegal or unenforceable, or for any reason case to be binding on any party hereto, all other portions and provisions of this agreement shall, nevertheless, remain in full force and effect.

Patient Name (please print): _____

Patient Sign here: _____ Date: _____

Name of Custodial Parent or Legal Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

Patient Social Security#: _____