



**IRREVOCABLE ASSIGNMENT AND LIEN ACKNOWLEDGEMENT AND  
AUTHORIZATION**

PLEASE TAKE NOTICE THAT I, \_\_\_\_\_,

Hereby give assignment to Thera-Dynamics Physical Therapy S.C. to the extent of medical care provided to me.

FOR AND IN CONSIDERATION OF SERVICES RENDERED AND FUTURE SERVICES TO BE RENDERED

I do hereby assign, transfer and set over unto Thera-Dynamics Physical Therapy S.C. that portion of any legal claims arising out of personal injury or illness due me or to become due me from any third parties or their successors to the remains unpaid. This assignment is equally binding on any guarantor, or insurance carrier, regardless of the nature of the medical problem requiring treatment.

I DO HEREBY AUTHORIZE AND DIRECT MY ATTORNEY OR APPLICABLE INSURANCE CARRIER TO MAKE DIRECT PAYMENT TO THERA-DYNAMICS PHYSICAL THERAPY S.C. hereof to collect and receive said payments and receipt thereof. ALSO, TO PROVIDE SAID ASSIGNEE A COPY OF THE SETTLEMENT AGREEMENT. RECEIPT OF THIS SIGNED LIEN SERVES AS ACKNOWLEDGEMENT AND AGREEMENT FROM ANY REPRESENTING ATTORNEY TO ABIDE BY ITS CONTENTS AT THE TIME OF SETTLEMENT.

I AGREE THAT a PHOTOCOPY OF THIS, MY ORIGINAL AUTHORIZATION, Shall be considered equally authentic. Upon receipt by medical office, of HIPAA compliant request, I authorize release of any medical information that may be required to complete my claim unless revoked by me in writing.

I UNDERSTAND THAT IF THERE IS NO SETTLEMENT, I AM FINANCIALLY RESPONSIBLE FOR CHARGES LEFT UNPAID.

I request and authorize the medical office to bill and receive payment directly from insurance and healthcare agencies during treatment and to provide others with such information as they deem necessary.

\_\_\_\_\_  
PATIENT/ASSIGNOR

\_\_\_\_\_  
DATE