



**ASSIGNMENT
OF BENEFITS**

**Richard D. Adelman, M.D.
Donna J. Griffin, P.A.C.
Kathleen Janus, F.N.P.**

Health Care for Your Whole Family

7320 Six Forks Road Suite 260
Raleigh, NC 27615

To any insurance company with coverage applicable to my claims(s) and to any attorney representing me:

IN CONSIDERATION of the willingness of the practice of Richard D. Adelman, MD to treat me on credit without demand for payment at the time of services are rendered, I hereby agree and stipulate as follows:

I irrevocably assign to Richard D. Adelman, MD proceeds to compensation that I am or may become entitled to receive as a result of injuries that occurred on _____ to the extent of medical services rendered. I make this agreement without prejudice to any rights I may have to prosecute legal claims against any party who may be liable for my injuries, but I hereby authorize and instruct you to pay directly to Richard D. Adelman, MD, from any disability benefits, medical payments benefits, liability benefits, health and accident benefits, workers' compensation benefits, judgments, settlements, or proceeds of any kind that would otherwise be payable to me, such sums as are due or may become due to Richard D. Adelman, MD for its services rendered.

I appoint _____ as my attorney in fact to affix my name as an endorsement upon the reverse of any check or draft upon which I am named payee and to deposit said check or draft and apply the proceeds to any unpaid balance I may have with the practice of Richard D. Adelman, MD.

I authorize the practice of Richard D. Adelman, MD to release to any insurer with applicable coverage to my attorney or successor attorney any information regarding my injuries, prior medical history, or treatment as may be necessary to facilitate collection of proceeds under this assignment.

I acknowledge that I remain personally liable for the total amount due to Richard D. Adelman, MD for services rendered, including any balance remaining after the application of insurance payments and settlement or judgment proceeds. If the practice of Richard D. Adelman, MD is required to take legal action against me to recover any unpaid balance on my account, I agree to reimburse the practice of Richard D. Adelman, MD for its costs of recovery, including reasonable attorney's fees.

A photocopy of this assignment shall be considered as effective and valid as the original.

Print Patient Name

Date

Signature of Patient or Guardian

Witness

NOTICE OF LIEN

Pursuant to N.C.G.S. 44-49 and 44-50, Richard D. Adelman, MD hereby asserts and gives notice of a lien upon any sums recovered in damages for personal injury in any civil action and also upon all funds paid to the above-named patient in compensation for or settlement of injuries sustained, whether in litigation or otherwise.

Richard D. Adelman, MD hereby request that if its claim is not paid in full from the foregoing proceeds, a full disclosure and accounting of proceeds be provided in conformity with N.C.G.S. 44-50. I, Richard D. Adelman, MD, agree to be bound by any confidentiality agreements regarding the contents of the accounting.

BY: _____



ACCIDENT REPORT

Richard D. Adelman, M.D.

Donna J. Griffin, P.A.C.

Kathleen Janus, F.N.P.

Health Care for Your Whole Family
Sports Medicine for All Ages

7320 Six Forks Road Suite 260
Raleigh, NC 27615

Date of Injury: _____

Name: _____

How did this accident happen? _____

Where did the accident happen? _____

Were appropriate parties notified and applicable reports filed? _____

If an automobile accident, were you the driver or passenger? _____

Were any animals or pedestrians involved? _____

Briefly describe any injuries sustained: _____

The office billing and account management staff will process the necessary insurance claim forms and appropriate documentation to the auto insurance carrier in the event of medical care associated with an auto accident.

Unless other arrangements have been made, it is the Office Policy to bill the patient's health insurance for claims related to auto accidents. We cannot file with Medicare and other government programs; we must file with your auto insurance medical coverage or you may pay cash at time of service. As always the patient assumes personal responsibility to pay for medical care in full.

Should a lien result in such an injury case, the patient will remain liable to the physician for any and all medical services.

My signature attests that I understand and agree to the above terms:

Signature: _____

Date: _____

Printed Name: _____