

## **Authorization and Assignment of Benefits to Wolf Orthopedics & Sports Medicine, P.A.**

**Consent for treatment:** I hereby give consent to Wolf Orthopedics & Sports Medicine, P.A., and the staff of Wolf Orthopedics to perform medical procedures which are appropriate for my condition, symptoms, illness(es) of injury(ies). I also give the same consent for my minor child or children.

**Assignment of Insurance benefits:** I hereby assign to Wolf Orthopedics& Sports Medicine, P.A., the benefits of any and all insurance policies, including Health Insurance and Personal Injury Protection(PIP) to which I may be entitled.

**Authorization for direct payment:** I hereby direct any and all insurance companies to make direct payment to Wolf Orthopedics & Sports Medicine, P.A. For all services, items and/or supplies furnished to me or my family members as the case may be. I request that all payment to Wolf Orthopedics & Sports Medicine be sent directly to his billing address. I also authorize my attorney to make prompt payment to Wolf Orthopedics & sports Medicine, P.A. any sums which may be due and owing from the proceeds of any settlement, judgment, or insurance payment, including services or supplies heretofore supplied and those supplied to the time of settlement, judgment or insurance payment.

**Release of medical information and treatment records:** I hereby authorize the release of any medical or psychological information necessary to submit, document or process insurance claims on behalf of me or my family members.

**Responsibility for payment:** Except where prohibited by law, statute or regulation, I understand that I remain directly and personally responsible to Wolf Orthopedics & Sports Medicine, P.A. for all charges submitted by him which pertain to me or my family members, and that nothing in this authorization and assignment shall be construed to waive my obligation to forward to Wolf Orthopedics & Sports Medicine, P.A. payment from all or any portion of insurance payments received by me for health care services. I agree to payment of additional charges to Wolf Orthopedics & Sports Medicine, P.A. of 1.5% each month on outstanding balances that are over thirty(30) days in arrears (annual percentage rate =19.6%). I agree to be responsible for all expenses, including reasonable attorney's fees of not less than fifteen(15) percent of the amount outstanding, court costs, and administrative time incurred by Wolf Orthopedics & Sports Medicine, P.A. in collection of monies due and owing by me.

**Waiver of statute of limitations:** In consideration of courtesy and patience extended to me by Wolf Orthopedics & Sports Medicine, P.A., I hereby agree that the statute of limitations with respect to any claim for charges for services by Wolf Orthopedics & Sports Medicine, P.A. shall not begin to run until there is a denial by me, in writing and sent by certified mail with return receipt requested, of any balance claimed to be due and owing by me to Wolf Orthopedics & Sports Medicine, P.A.

**Assignment of cause or action:** In the event that any insurance company which is obligated by contract, statute, or law to make a payment to me or to Wolf Orthopedics & Sports Medicine, P.A., for professional services refuses to make such payment upon demand by Wolf Orthopedics & Sports Medicine, P.A., I hereby assign and transfer to Wolf Orthopedics & Sports Medicine, P.A. to prosecute any such action in my name and/or his name and to compromise, settle, or otherwise resolve said claim as he sees fit.

**Revocation:** This assignment may be revoked only in writing by me and only if such revocation is sent by certified mail, return receipt requested to Wolf Orthopedics & Sports Medicine, P.A. A photocopy of this assignment and authorization shall be binding as an original.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_