

GOODMAN AND HEIDRICH PSYCHOLOGICAL EVALUATIONS INC.

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To:
ATTORNEY AT LAW
RE:
DATE OF INJURY

ASSIGNMENT AND LIEN AUTHORIZATION

I do hereby authorize the above doctor and/or authorized representative to furnish my attorney or any attorney or attorneys who subsequently are either associated with the said named attorney or substituted in his place, with a full report of my examinations, diagnosis, treatments, prognosis, itemized statements of charges in regard to the injuries suffered by me in an accident in which I was involved on: Furthermore, I hold the above-mentioned doctor free and harmless from any liability in such transfer of information.

Out of the proceeds of the settlement and/or judgment in my claim for personal injuries, I hereby assign, set over and transfer to the above doctor such sums due and owing to him for medical, surgical, x-ray and or laboratory services rendered to me, either by reason of the above accident or otherwise. I further give to the above doctor a lien on any and all funds received by me or in my behalf in connection with the settlement or satisfaction of judgment arising from said claim presented in my behalf.

I fully understand that I, the patient am responsible to said doctor for all medical bills submitted for services rendered me, and I further understand that such payments is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee. In the event legal action shall be brought in-order to enforce this lien, then the prevailing party shall be entitled to reasonable costs and attorney fees in addition to any judgment rendered, including submitting claims in any bankruptcy proceeding.

It is acknowledged by the undersigned, that this assignment and lien is also an authorization for the above doctor to apply for benefits on my behalf for covered services rendered by him/her, or by his/her order. I request that payment from my insurance company be made directly to the above doctor.

DATED _____ PATIENT SIGNATURE _____

GUARDIAN SIGNATURE _____ PRINT NAME _____

The undersigned being the attorney of record on his behalf and on behalf of any other attorney or attorneys who are associated with the undersigned or who are substituted instead for the above patient, does hereby acknowledge receipt of a copy of the assignment or lien, and said attorney acknowledges that he obligates himself to the terms of the assignment and lien in consideration for rendering of medical services to his client by the above mentioned doctor and rendering of a report and bill to said attorney. In the event legal action shall be brought in order to enforce this lien, then the prevailing party shall be entitled to reasonable costs and attorney fees in addition to any judgment rendered.

DATED _____ ATTORNEY SIGNATURE _____

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