

ASSIGNMENT AND AUTHORIZATION

I hereby authorize Dr. Shaheer Yousaf to furnish, upon request by my attorney, medical records and any other information pertaining to my physical condition resulting from injuries sustained on _____, as well as any other medical information regarding my physical condition, from any causes whatsoever.

As consideration for Dr. Yousaf's cooperation with my attorney in providing such reports and records and continuing to treat me on an open account basis. I do hereby irrevocably assign Dr. Yousaf the proceeds of any PIP benefits, MedPay benefits, settlement or judgment arising out of any claim and/or lawsuit in connection with the aforesaid injury to the extent of any unpaid amount owing to Dr. Yousaf for treatment, attorney consultation fees, and fees for expert testimony at depositions or trial.

I acknowledge that this Assignment and Authorization does not relieve me of the primary obligation for payment of any outstanding bill from Dr. Yousaf for all services rendered to me or at the request of my attorney.

I direct my attorney to withhold from any such monies recovered on my behalf funds owing Dr. Yousaf and pay said amounts to him promptly without undue delay upon receipt. In the event I change attorneys, the Assignment and Authorization shall be binding upon all attorneys who collect any such monies on my behalf. I agree to notify Dr. Yousaf immediately upon changing attorneys or proceeding with my claim without an attorney.

I acknowledge and agree that this Assignment is a lien upon any monies payable to me as aforesaid, and I hereby authorize Dr. Yousaf to provide a copy of this Assignment to any insurance company from who I or my attorney may make a claim, and I further direct such insurance company, upon receipt of a copy of this Assignment, to withhold and pay directly to Dr. Yousaf such amount as may be due and owing Dr. Yousaf at the time any such benefits, or other proceeds, are paid. I further agree that I will supply, and my attorney at my direction shall supply, all information necessary for Dr. Yousaf to make a PIP and/or MedPay claim for his services. This shall include the name of the Insurance carrier, policy number and claim number.

As further reconsideration for Dr. Yousaf's services, I do hereby waive any defense based on the statute of limitations for any portion of the unpaid balance of Dr. Yousaf's bills for services arising out of the aforesaid injuries.

In the event Dr. Yousaf has to file a suit or take any other collection against me for nonpayment, I agree that I shall be responsible for all his court costs, all expenses of litigation and reasonable attorney's fees.

A photocopy or telefax of this Assignment and Authorization shall be as binding as the original.

Witness my and seal on this _____ day of _____, 20_____

Witness: _____ Patient: _____ (scal)

ATTORNEY'S ACKNOWLEDGEMENT

I acknowledge the above Assignment and agree to observe the terms set forth and to withhold and pay to Dr. Yousaf such sums as may be due him from the proceeds of any PIP or MedPay claim and from the proceeds of any settlement or judgment.

I do further agree to immediately notify Dr. Youşaf should I cease to represent the patient herein.

In the event the patient retains other counsel, I agree to immediately notify such other counsel of the existence of this Assignment and Authorization, forward a copy of this Assignment and Authorization to such other counsel, and notify Dr. Yousaf of the name, address and telephone number of such other counsel.

I do further agree to provide Dr. Yousaf with information concerning the status of the patient's claim within ten (10) day of request from Dr. Yousaf.

Date: _____ Attorney's Signature: _____

Print Name: _____

Address: _____

Telephone Number: _____