



Gainesville Holistic Health Center

Dr. Stéphane Provencher, CC, CKTP

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ASSIGNMENT, LIEN, AND AUTHORIZATION

To Whom It May Concern:

Medical lien: The right of a hospital, doctor or health care provider to assert an interest in personal injury recoveries to the extent of the cost of the treatment or service provided.

I, undersigned, hereby authorize and direct you, my insurance company, and/or my attorney, to pay directly to **GAINESVILLE HOLISTIC HEALTH CENTER** such sums from any disability benefits, medical payments, workman's compensation benefits or any other insurance benefits obligated to reimburse me or from my settlement, judgment, or verdict on my behalf as may be necessary to adequately protect and compensate the above mentioned clinic and doctors.

I hereby establish and give lien to said clinic and doctors against any and all benefits named herein, and any and all proceeds of any settlement judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated by said clinic and doctors. This is to act as an assignment of my rights and benefits to the extent of the clinics and doctors' services provided me.

I understand that I remain personally and directly responsible for the total amounts due the clinic and the doctors for their services rendered me. I further understand and agree that this Assignment, Lien and Authorization do not constitute any consideration for the clinic and doctors and doctors to await payments and they may demand payments from me immediately upon rendering services to me at their option.

I authorize **GAINESVILLE HOLISTIC HEALTH CENTER** to release any information pertinent to any insurance company, insurance company adjuster or attorney to facilitate collection under this Assignment Lien and Authorization.

I, understand that in the event that in the event that my account would need to be turned over to an attorney or collection agency for collection, I will be liable and responsible for all expenses including and not limited to reasonable attorney fees, court costs, processing fees and interest at 5% over the prime interest rate at the time of settlement and until the full debt is recovered.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

WITNESS: _____