

**ASSIGNMENT OF BENEFITS**

I, (Patient/Guarantor) \_\_\_\_\_, hereby authorize my attorney \_\_\_\_\_, to pay from the proceeds of any recovery received in my pending action against \_\_\_\_\_, any and all medical expenses which are due and owing to LifeNet, Inc. I assign to LifeNet, Inc. all amounts received by my attorney for my benefit not to exceed the total outstanding balance of my account. I understand this in no way relieves me of my responsibility to pay this indebtedness in the event no settlement of judgment is obtained or if settlement is made insufficient to pay the balance of this account. Further, I understand that LifeNet, Inc. cannot maintain this assignment in lieu of payment for an indefinite period. Therefore, if settlement is not made or an adequate progression of events to that end, within a reasonable time period as determined by LifeNet, Inc., they may request payment of the balance in full.

\_\_\_\_\_  
**Patient/Guarantor Signature**

I, \_\_\_\_\_, accept this assignment for the benefit of LifeNet, Inc. and agree to pay the facility listed above any obligation owed them by my client, \_\_\_\_\_, prior to disbursing any funds from settlement or judgment received by my office for the use and benefit of \_\_\_\_\_. I do not accept any personal responsibility for payment of this account in the event a favorable judgment is not rendered.

\_\_\_\_\_  
**Attorney Signature**

\_\_\_\_\_  
 Patient Name

\_\_\_\_\_  
 Run #