

**Health Sciences Management
A Pain Clinics of America Affiliate**

Assignment of Benefits and Doctor's Lien

I, _____, hereby authorize Health Management Sciences "HMS/PCOA" to release to you the full medical reports and findings, diagnosis, treatments, and prognosis for me regarding injuries sustained in the accident in which I was involved and to which this document is related.

I authorize and direct you as my attorney that, upon settlement of my personal injury case, to pay to HMS/PCOA all money due for rendered services, including any third-party medical service providers to which I may be referred to by HMS/PCOA.

Furthermore, I have executed this lien expressing my agreement that HMS/PCOA be paid from the proceeds of the settlement, judgment, and/or verdict in this personal injury case, and to that end, I direct you as my attorney to remit payment without any offsets not later than five working days after receiving the funds.

This personal injury lien does not constitute a waiver of my responsibility to pay for any outstanding medical bills, however, it constitutes a promise and guaranty to pay, and is given as a Letter of Protection (LOP) for the doctor in consideration for his/her willingness to await delayed payment. I understand that payment of all outstanding fees to HMS/PCOA shall be paid upon demand and shall not be contingent upon the receipt of an award through settlement, judgment and/or a verdict. In the event of a settlement, any amounts due shall be made payable to Pain Clinics of America. Furthermore, all funds due under this LOP shall be disbursed to HMS/PCOA within five business days after the representing firm receives the settlement funds.

As further inducement to accept a lien for my medical treatment, I hereby authorize and direct my attorney to communicate any offers of settlement and to send a copy of the final settlement check to my doctor, and to discuss my case openly and fully with him/her. This authorization and direction are made in consideration for the acceptance of this lien. I understand that the doctor will send a copy of this authorization to my attorney to honor this obligation to communicate with my doctor.

Patient's Signature

Date

As the attorney of record for the above-named patient, I hereby agree to comply with the terms of this lien document and to withhold from any award in this case such sums as are required for the adequate protection of HMS/PCOA.

Attorney's name and signature

Date

The Law Firm of _____

Notary

Date