

TO WHOM IT MAY CONCERN:

I HAVE BEEN MADE AWARE THAT GOLDEN ORTHOPAEDIC KNEE AND SPORTS MEDICINE CENTER DOES NOT HONOR USUAL AND CUSTOMARY RATE CUTS MADE BY AUTOMOBILE INSURANCE CARRIER.

THE CENTER WILL FILE MY AUTOMOBILE INSURANCE AS A COURTESY AND APPLY THE PAYMENTS DIRECTLY TO MY ACCOUNT. I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT, WHICH MAYBE PAID BY MY HEALTH INSURANCE OR SETTLEMENT AT THE END OF MY CASE.

SIGNATURE _____ DATE _____

Proposed Additions to Assignment of Benefits

I _____ hereby **irrevocably assign my right and benefits under my insurance policy with _____, including the right to file suit against the above-referenced insurance carrier** to Golden Orthopaedic Knee and Sports Medicine Center for expenses incurred for services rendered by the medical staff of Golden Orthopaedic Knee and Sports Medicine Center.

SIGNATURE _____ DATE _____