

ASSIGNMENT OF CLAIM

I authorize and direct my attorney, _____, to pay directly to Dr. _____, such sums as are due and owing to him/her as reflected on statements received by me or my attorney for dental treatment rendered to me and to hold such sums from any settlement, judgment or recovery resulting from my claim now pending against _____. I fully understand that I am directly and completely responsible to Dr. _____ for all dental fees incurred for services rendered to me and that this assignment is made solely in consideration of Dr. _____ rendering treatment to me while awaiting payment therefore. I further understand and agree that such obligation to pay Dr. _____ is not contingent on any settlement, judgment or recovery which I may eventually obtain, and that this assignment shall constitute a lien on said settlement, judgment or recovery. I understand that this assignment does not obligate my dentist to indefinitely defer seeking payment from me before any settlement, judgment or recovery is obtained.

WITNESS

PATIENT

DATE