

ASSIGNMENT OF BENEFITS

I, the undersigned, as a patient of NJ Pain Care Specialists, hereby irrevocably assign to NJ Pain Care Specialists any and all rights that I have to make claim and/or sue any insurance company including, but not limited to, my PIP carrier for payment of outstanding medical bills I have incurred with NJ Pain Care Specialists as a result of my accident of \_\_\_\_\_.

It is hereby understood and agreed that NJ Pain Care Specialists can retain the services of any attorney of his/her choice to institute a lawsuit in my name and on my behalf for the collection of my outstanding medical bills against \_\_\_\_\_ Insurance Company.

I further agree to provide NJ Pain Care Specialists and/or designated attorney with any help or assistance they may require to collect my outstanding medical bills.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Insured Signature

\_\_\_\_\_  
Patient/Insured Name