AFHC

3632 Nostrand Avenue, Brooklyn, New York 11229
TEL: (718) 332-4409 FAX: (718) 332-4472

Attorney: _____
_____
_____

I, txt_Name|patientfullname _____ do hereby, authorize the above mentioned Facility/Medical Service Provider to furnish you, my attorney, with a full report of his/her examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident on _ txt_DOA|DOA _____ in which, I was involved.

I hereby authorize and direct you, my attorney, to pay directly to said AFHC Ambulatory Surgery Center and Brooklyn Bridge Medical Associates, PLLC sums as may be due and owing him for the medical services rendered to me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from my settlement, judgment or verdict as may be necessary to adequately protect said above mentioned Facility/Medical Service Provider/ And I hereby further give a lien on my case to said above mentioned Facility/Medical Service Provider against any and all proceeds of any settlement judgment or verdict which may be paid to you, my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for services rendered me and that this agreement is made solely for said AFHC Ambulatory Surgery Center and Brooklyn Bridge Medical Associates, PLLC additional protection is not contingent, judgment or verdict by which I may eventually recover said fee.

Dated: @txtproc_code_date Patients Signature X imgSign1 _____

The undersigned being attorney or record for the above patient does herby agree to observe all terms of the above and agrees to withhold such sum from any settlement, judgment or verdict as may be necessary to adequately protect said Facility/Medical Service Provider named above.

Dated: _____ Attorney's Signature X _____

Attorney: Please date, sign and return one copy to AFHC Ambulatory Surgery Center at once.
Please keep a copy for your record.