

- G. PROVIDER shall submit a copy of this Assignment with the initial claim form(s), which ASSIGNEE submits to third party payor (s) as notice to the third party payor (s) of the Assignment and other agreements contained herein. A copy of this document shall be as binding as the document bearing original signatures. As the time each claim is submitted, a copy of the claim will be stored for safekeeping in PATIENT'S file and may be picked up by the PATIENT at any time or will, upon request by the PATIENT, mailed to a designated address.
- H. In the event that any section or provision of this Agreement is legally void, invalid, or unenforceable, all other sections and provisions of this Agreement shall remain in full force and effect.
- I. PATIENT may not revoke the Assignments and Agreements contained in this document without the express written consent of the ASSIGNEE.
- J. PATIENT understands that PATIENT is financially responsible for all charges for services rendered by PROVIDER.

Patient/Parental Signature

Date

Witness Signature

Date

The undersigned, being attorney of record or authorized representative of insurance carrier for the above patient does hereby acknowledge receipt of the above lien, and does agree to honor the same to protect adequately said the above doctor.

Authorized Signature

Date

Note: Please date, sign and return one copy to the doctor's office at once. A copy for your records will be given to you.