

**ASSIGNMENT, LIEN, AND AUTHORIZATION
INSURANCE BENEFITS AND POWER OF ATTORNEY**

To Whom It May Concern:

I hereby authorize and direct you, my insurance company and/or my attorney, TO PAY DIRECTLY to 101 Physical Therapy, Inc., such sums as may be due and owing them for services tendered me, both by reason of accident or illness, and by reason of any other bills that are due them and to withhold such sums from any disability benefits, medical payments, no-fault benefits, health and accident benefits, or any other insurance benefits obligated to reimburse me or from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect 101 Physical Therapy, Inc., I hereby further give a LIEN to 101 Physical Therapy, Inc. This is to act as an assignment of my rights and benefits to the extend of 101 Physical Therapy, Inc. services provided.

In the event my insurance company is obligated to make payments to me upon the charges made by 101 Physical Therapy, Inc., for its services, refuses to make such payments, upon demand by me or a representative of 101 Physical Therapy, Inc., I hereby assign and transfer to 101 Physical Therapy, Inc., and any and all causes of action that I might have or that might exist in my favor against such company and I authorize Russell Atkins, PT., to prosecute said cause of action either in my name or 101 Physical Therapy, Inc.'s name and further I authorize Russell Atkins, PT to compromise, settle, or otherwise resolve said claim or cause of action as he sees fit.

I understand that I AM DIRECTLY AND FULLY RESPONSIBLE FOR THE TOTAL AMOUNTS DUE 101 PHYSICAL THERAPY, INC. for services rendered me and this agreement is made today for 101 Physical Therapy, Inc., and Russell L. Atkins, PT's protection. I further understand and agree that this assignment, Lien, and Authorization do not constitute and consideration for 101 Physical Therapy, Inc. to await payments and Russell Atkins, PT may demand payments from me immediately upon rendering services at his option.

BY SIGNING, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

DATE _____ PATIENT SIGNATURE _____

If my current policy (policies) prohibits direct payment to 101 Physical Therapy, Inc., then I hereby also instruct and DIRECT you to make out the check to me and mail it to me:

C/O 101 Physical Therapy, Inc.
Russell Atkins, PT
5704 Main Street
Ooltewah, TN 37363

A photocopy of these instructions shall be considered as effective and valid as the original.

BY SIGNING, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

DATE _____ PATIENT SIGNATURE _____