

*DNA Center, LLC.
1430 Mason Avenue
Daytona Beach, Florida
32117
(386) 274-2000*

**IRREVOCABLE ASSIGNMENT OF
BENEFITS**

I, _____ hereby irrevocably assign benefits of insurance under any or all the policy of health, workman's comp and auto insurance that I have with regards to treatment or services rendered to me in accordance with Florida Statute 627.736(5). The parties understand and agree that this assignment shall be irrevocable until and unless canceled in writing by both parties.

IRREVOCABLE RELEASE OF INFORMATION

I authorize the release of any and all medical records or other personal information to my insurance company in order to facilitate payment of my bills. I also authorize the release of medical records to my insurance company if requested by audit.

IRREVOCABLE LETTER OF PROTECTION

With regards to Auto or other Liability Cases

I hereby irrevocably authorize and direct any attorney representing me for the injury of _____ to pay to the above provider(s) such sums as may be due and owing them for medical services rendered to me, both by reason of this accident and by reason of any other bills that are due this office. I direct the attorney to withhold such sums from my settlement, judgment, or verdict as may be necessary to adequately pay said provider(s).

In the event my settlement is less than expected or is rejected for any reason, I guarantee any unpaid balances.

PIP LOG & DEC SHEET REQUEST

With regards to Auto Insurance only

I hereby authorize the assignee to request a copy of the applicable insurance policy, med pay, and declaration page, which reflects the policy limits available at time of this accident, and the applicable PIP log to be provided to assignee upon request. This request is authorized pursuant to the terms of my policy as well as Florida Statutes. I hereby authorized this assignee to request and receive a copy of my PIP log periodically as they deem to be necessary.

Patient's Signature

Date

Print Name