



### AUTHORIZATION AND AGREEMENT TO PAY DOCTORS' FEES BY PATIENT

In consideration of medical treatment and services provided to \_\_\_\_\_ by **ADVANCED CENTERS FOR ORTHOPAEDIC AND SPORTS MEDICINE** (the "Doctors") as a result of injuries sustained on or about \_\_\_\_\_ I (We) hereby irrevocably authorize and agree to the following:

1. To pay or have my attorney pay promptly from the proceeds of any recovery on my (our) behalf, whether by verdict, suit, settlement, arbitration, award, Personal Injury Protection (PIP), major medical insurance, or any other insurance or collateral sources, the unpaid balance of the charges for professional services rendered to me (us) by **ADVANCED CENTERS FOR ORTHOPAEDIC AND SPORTS MEDICINE**, up to and including the time of conclusion of my (our) case, whether by settlement, recovery, arbitration, verdict, award, etc., along with any monies due for consultation, medical reports, depositions and court appearances.

2. I (We) understand that this authorization in no way relieves me (us) of my (our) personal primary obligation to pay for such services promptly after the bill for same is rendered. The collection from any collateral source for the payment of said bill shall be my (our) responsibility and not that of the Doctors. Payment to said Doctors is not dependent upon any verdict, suit, settlement, arbitration, Personal Injury Protection (PIP), major medical insurance or any other insurance or collateral sources or other recovery which may be received for professional medical/surgical services.

3. I (We) further authorize **ADVANCED CENTERS FOR ORTHOPAEDIC AND SPORTS MEDICINE**, to furnish to my (our) attorney any reports he/she may request in reference to said injuries and subsequent treatment.

4. I (We) further authorize and direct my (our) attorney to withhold from any proceeds recovered on my (our) behalf the balance of the above Doctor bill and pay said balance promptly. I irrevocably waive the attorney/client privilege to the extent that my attorneys should promptly notify the Doctors when my attorneys learn of any funds received by or for me (us) as a result of the matter they are handling for me (us).

5. I (We) further understand that my case may take in excess of three (3) years to conclude. I (We), therefore, agree that neither I (we) nor anyone representing me (us) shall raise or use the Statute of Limitations as a defense to any cause of action that the Doctor may bring against me (us) for the payment of any monies owed to them as I(We) hereby waive such defense.

6. I (We) agree to pay a finance charge as posted by the Doctors for services unpaid in excess of ninety (90) days. In the event the Doctors refer my (our) bill to their attorney for collection, then I (we) agree to pay said finance charge at the rate of one and one-half percent (1½%) per month on all balances more than ninety (90) days from the date services were rendered, reasonable attorney's fees, court costs and service of process costs to said Doctors in addition to the amount owed for services rendered.

7. I (We) hereby agree that whatever agreement is made between the patient and the Doctors, said agreement is made in, governed by, to be performed in, and shall be construed in accordance with the laws of the State of Maryland. I (We) further consent and submit to the jurisdiction of the Courts of the State of Maryland and expressly agree to such forum for the bringing of any suit, action or other proceeding arising out of my(our) obligations hereunder, and expressly waive any objection to venue in any such Courts, and waive any right to a trial by jury so that trial shall be by and only by the Court. It is further agreed and understood that the Doctors are located within the venue of the State of Maryland.

DATED: \_\_\_\_\_

PATIENT \_\_\_\_\_(SEAL)

WITNESS: \_\_\_\_\_

SPOUSE \_\_\_\_\_(SEAL)