

ASSIGNMENT AND AGREEMENT

I HEREBY ASSIGN ALL MEDICAL AND/OR SURGICAL BENEFITS TO INCLUDE MAJOR MEDICAL BENEFITS TO WHICH I AM ENTITLED INCLUDING MEDICARE AND OTHER GOVERNMENT SPONSORED PROGRAMS, PRIVATE INSURANCE, AND ANY OTHER HEALTH PLANS TO KARL T. NGUYEN, M.D. THIS ASSIGNMENT WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY SAID INSURANCE. I HEREBY AUTHORIZE ASSIGNEE TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT OF BENEFITS.

I FURTHER AGREE TO PAY ALL CHARGES OF KARL T. NGUYEN, M.D., NOT PAID BY INSURANCE, IN CONSIDERATION FOR MEDICAL AND/OR SURGICAL BENEFITS PROVIDED.

I UNDERSTND THERE WILL BE A MONTHLY INTEREST RATE OF 1.5% INCURRED ON ANY OUTSTANDING BALANCES.

IF ANY LITIGATION OR ARBITRATION IS COMMENCED BETWEEN THE PARTIES HERE TO OR THEIR PERSONAL REPRESENTATIVES CONCERNING ANY MATTER RELATING TO THE AGREEMENT, THE PARTY OR PARTIES PREVAILING IN THAT LITIGATION OR ARBITRATION SHALL BE ENTITLED, IN ADDITION TO ANY OTHER RELIEF THAT MAY BE GRANTED TO A REASONABLE SUM FOR THEIR ATTORNEY'S FEES. THE AMOUNT OF ATTORNEY'S FEES AWARDED SHALL BE DETERMINED BY THE COURT OR ARBITRATOR IN SUCH LITIGATION OR IN SEPARATE ACTION FOR THAT PURPOSE.

(PATIENT) INSURED PERSON'S SIGNATURE

DATE

KARL T. NGUYEN, M.D.

DATE