



# South Charlotte General & Vascular Surgery

10512 Park Rd.

Suite 111

Charlotte, NC 28210

P: 704-910-8380 F: 704-817-9980

James N. Antezana, M.D.

## **ASSIGNMENTS OF PROCEEDS, LIEN AND AUTHORIZATIONS**

I hereby authorize and direct any and all insurance carriers, attorneys, agencies, governmental departments, companies, individuals, and/ or legal entities, which may elect or be obligated to pay, provide or distribute benefits to me for any medical conditions, accidents, injuries or illnesses, past present or future to pay directly and exclusively to South Charlotte General and Vascular Surgery, PLLC (SCGVS) such sums as may be owing to SCGVS for charges incurred by me at the office relating to my condition, with such payments to be made exclusively in the name of SCGVS. I further grant a lien to SCGVS with respect to my charges. This lien shall apply to all payers and to the full extent permitted by law. For the purpose of this document, "benefits" shall include, but not be limited to, proceeds from any settlement, judgment, or verdict as well as any proceeds relating to commercial health or group insurance, medical payments, third-party liability distributions, disability benefits, workers compensation benefits, and any other benefits or proceeds payable to me for the purpose stated herein.

I authorize SCGVS to release any information regarding my treatment or pertinent to my case to all payers as defined above to facilitate collection under this agreement and lien. I further authorize and direct all payers to release to SCGVS any information regarding my coverage or benefits which I may have including, but not limited to the amount of coverage, the amount paid thus far and the amount of any outstanding claims. I hereby direct this office to file a copy of this assignment and lien together with any said payers. I hereby grant SCGVS power of attorney to endorse/sign my name on any and all checks listing me as a payee, which are presented to SCGVS for payments of an account relating to me, my spouse or any of my dependents. I further authorize SCGVS to apply any credit balances or charges incurred by me to any other outstanding charges still owed by me, my spouse, or my dependents, regardless of the other charges related to my condition.

I understand that I remain personally responsible for the total amounts due to SCGVS for their services. This assignment and lien does not constitute any consideration for this office to await payments and it may demand payments from me immediately upon rendering services at its option. If this office must take any action to collect outstanding balances on my account, I will be responsible for payment and will reimburse SCGVS for all costs of such collection efforts, including but not limited to all court costs and attorney fees.

## **CONSENT TO CARE**

A patient coming to the doctor gives him/her permission and authority to care for the patient in accordance with appropriate tests, diagnosis, and analysis. The clinical procedures performed are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible for injury. The doctor, of course, will not provide specific healthcare, if he/she is aware that such care may be contraindicated. It is the responsibility of the patient to make it known or to learn through health care procedures from whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the physician. I have read the foregoing and understand it. I permit a photocopy or electronic copy of this authorization to be used in the place of the original.

Thank you,  
South Charlotte General & Vascular Surgery

\_\_\_\_\_  
Patient Signature Date \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date \_\_\_\_\_