

*AIM*

ATHLETIC INSTITUTE OF MEDICINE

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THIS IS A LEGAL DOCUMENT READ THE FOLLOWING CAREFULLY

Authorization to allow healthcare provider to be paid through the injured patients personal injury liability settlement or judgment.

Through the patients signature below, the patient elects not to use any coverage potentially available under a health insurance or similar medical benefit plan that covers the injured patient as an insured or dependent.

The injured patient further allows the healthcare provider to file a lien pursuant to ARS 33-931 against any liability insurance coverage stemming from the injured patient's injury which occurred on or about \_\_\_\_\_ (Date of Injury)

***I declare under penalty of perjury that foregoing is true and correct. Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.***

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

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_