

## **Assignment of Claim to the Atlanta Dental Group PC**

I authorize and direct my attorney, \_\_\_\_\_ ( print attorney's name ) to pay directly to the Atlanta Dental Group PC, such sums as may be due and owing to the Atlanta Dental Group PC for dental treatment rendered to me and to hold such sums from any settlement, judgment or recovery resulting from my claim now pending against \_\_\_\_\_ ( print name of the defendant company or person).

I fully understand that I am directly and completely responsible to the Atlanta Dental Group PC for all dental fees incurred for services rendered to me and that this assignment is made solely for the Atlanta Dental Group PC's protection and in consideration of the dentists at the Atlanta Dental Group PC rendering treatment to me while awaiting payment therefor.

I further understand and agree that such obligation to pay the Atlanta Dental Group PC is not contingent on any settlement, judgment or recovery which I may eventually obtain.

I understand this Assignment of Claim form and I acknowledge that the Atlanta Dental Group PC staff have answered all of my questions related to this form and the dental procedures I may require. I give permission to the dentists and staff at the Atlanta Dental Group PC to perform my dental care.

**Patient ( or Guardian ) Signature:**

**Dental Staff Signature:**

**Date:**