

## **ASSIGNMENT OF BENEFITS AGREEMENT & DISCLOSURE REQUIREMENTS**

PLEASE READ CAREFULLY AS THIS IMPOSES DUTIES AND OBLIGATIONS UPON  
THE PERSON AND THE ENTITY WHO SIGNS THIS AGREEMENT

I, (the patient) hereby assign my right to pursue a claim for reimbursement of Personal Injury Protection Benefits rendered by the medical provider who has signed this agreement (or designated an authorized representative to sign on his/her behalf) and his/her employees under the applicable insurance policy against Liberty Mutual Insurance Company. This assignment is expressly contingent upon the medical provider agreeing to the terms set forth in the Medical Provider Agreement below and I acknowledge that the medical provider's failure to honor the obligations set forth below render this assignment void. Nothing in this assignment authorizes the medical provider and/or its agents to pursue a claim for bodily injuries on my behalf. Furthermore, I authorize the release of medical records to the insurer and a photocopy of this document shall be considered as effective and valid as the original.

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

Printed Name: \_\_\_\_\_ Date:

### Medical Provider Agreement

I, (the medical provider or authorized agent for the medical provider), understand and agree to the terms of this Agreement on behalf of the Health Care Provider listed below and agree to abide by the following requirements and conditions:

1. I (individually and/or on behalf of my principal) agree to be personally bound by the terms and conditions of the Assignment of Benefits as contained in and made part of the applicable insurance policy, including the obligation to cooperate with investigations and limitations on arbitrations;
2. I agree to follow the Decision Point Review Plan and all requirements and conditions therein; and
3. I also agree to the following specific terms and conditions:

As a condition of this Assignment, upon commencement of treatment, I agree to cooperate with the insurer's investigation of this claim and any related claim, including, but not limited to, the following,

- a. Submitting to an examination under oath regarding the treatment provided and issues reasonably relevant to our claims decisions within thirty (30) days of any such request and subscribe to the same;
- b. Providing Liberty Mutual with copies of documents pertaining to the treatment provided and reasonably relevant to our claims decisions in your possession, in the possession of your agent(s) or which you can obtain using reasonable efforts which shall include but shall not be limited to those documents permitted by N.J.S.A. 39:6A-13;
- c. Allowing us to inspect original documents, objects or locations under your control and/or provide us with the authority to inspect such items if determined by us to be relevant to your claim which shall include but shall not be limited to those documents permitted by N.J.S.A. 39:6A-13. Inspections will be made during mutually convenient times but within 30 days of any such request;
- d. Allowing an inspection of the office(s) and location(s) where any professional services and or treatment or therapy were rendered at a mutually convenient time and date within thirty (30) days;

**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. I ALSO UNDERSTAND THE REQUIREMENTS MAY BE IN ADDITION TO OTHER CONDITIONS CONTAINED IN THE POLICY. I ALSO UNDERSTAND THAT I AM BOUND BY THESE TERMS, AS IS THE PRACTICE OR FACILITY WHERE THE PROFESSIONAL SERVICES AND/OR TREATMENT IS/WAS PROVIDED. I ALSO AM BOUND IF I HAVE AUTHORIZED SOMEONE TO SIGN THIS AGREEMENT ON MY BEHALF.**

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Professional/  
Practice: \_\_\_\_\_ Date: \_\_\_\_\_