

**MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF RIGHTS FORM**

I, _____, (“Assignor”), hereby assign

(Print Patient’s Name)

(Jawad A Shah MD PC, Insight Pain Management, Insight Orthopedic Specialists, Insight Toxicology, Atlantis Diagnostic Laboratories, Precision Anesthesia, Alliance Anesthesia, Sterling Anesthesia, Insight Anesthesia, Insight Radiologists PC, Insight Physical Therapy & Neuro Rehab, Insight Chiropractic, Insight Healing Center, Integrated Hospital Specialists, Precision Surgical Associates, Insight Health & Fitness Center, Insight Wellness Center, Insight Neuropsychology and Behavioral Health, Insight Extended Care, Mid-Michigan Endoscopy Center-Charter Endoscopy Center, Insight Medical Solutions, Associated Surgical Center of Dearborn, Insight Nutritional Services)

(“Assignee”) all rights, privileges and remedies to payment for health care services, products or accommodations (“Services”) provided by Assignee to Assignor to which Assignor is or may be entitled under MCL 500.3101, *et seq*, the No Fault Act. This Assignment is for the right to payment of Assignee’s charges, only, and not for the right to payment of any other No Fault insurance benefits.

The Assignment as set forth above is for all services already provided to Assignor by Assignee prior to or at the time of Assignor’s execution of this agreement. Specifically, this Assignment **does not** include an Assignment of any future No Fault benefits.

Assignor hereby certifies that Assignor has incurred charges for services provided by Assignee for which the rights, privileges and remedies for payment are hereby assigned.

Assignor hereby certifies its understanding that while Assignee may, pursuant to this Assignment, pursue payment from a person or entity other than Assignor, this agreement may be revoked by Assignee upon a determination by it, or if a determination is made pursuant to judicial or quasi-judicial proceedings, that Assignor lacks Michigan No Fault (“PIP” or “Personal Injury Protection”) coverage or that the services subject to this Assignment are not payable pursuant to any such coverage for any reason under MCL 500.3101, *et seq*, The No Fault Act, any applicable policy of insurance, and/or due to any actions or conduct of Assignor.

As consideration for the Assignment hereby granted, Assignor accepts Assignee’s assumption of the burden and/or cost of pursuit of payment from any person or entity from whom payment for the above referenced services is or might be owed under MCL 500.3101, *et seq*, The No Fault Act. This Assignment is not revocable by Assignor so long as Assignee’s performance as described in this paragraph is underway.

Assignor understands that should Assignor contract with or retain his/her own counsel to seek his/her own No Fault benefits, that counsel shall have no right to pursue payment of these assigned benefits nor shall counsel be entitled to any payment of an attorney fee from the services provided by Assignee.

Assignor and Assignee agree that in the event any terms or provisions of this agreement are declared invalid or unenforceable by any Court or Federal or State Government Agency having jurisdiction over the subject matter of this agreement, the remaining terms and provisions that are not affected thereby shall remain in full force and effect.

(Print Name of Patient or Legal Guardian)

(Signature of Patient or Legal Guardian)

(Date of Signature)