

This form applies to one who has a litigation claim. Please print. Next, Fill in. The “to:” line pertains to the attorney or insurance company name and address. The “re:” line pertains to yourself as well as “ss#”, “claim#” and “DOA”(date of accident).



LETTER OF ASSIGNMENT

TO: _____

RE: _____

SS# _____

CLAIM# _____

D.O.A. _____

I DO HEREBY AUTHORIZE THAT PAYMENT BE MADE DIRECTLY TO SCOTT HOLLIER, INC. FOR THERAPY TREATMENTS RENDERED.

DATE _____ SIGNED _____