



EXCEL MSO, LLC

Third Party Lien
Assignment Form

The undersigned hereby assigns and agrees to reimburse Excel MSO, LLC any moneys recovered by court judgment, settlement, or otherwise, on account of or in connection with injuries sustained by _____ as result of the accident
(Name of Claimant)

which occurred on _____ at _____
(Date)

_____ up to an amount equal to, but not in
(Location)

excess of the billed amount submitted by Excel MSO's providers of service for medical, hospital, surgical, and other expenses in connection with or arising out of said injuries. I expressly authorize my attorney,

(Name and Address of Attorney)

and/or the insurance carrier for the liable party,

(Name and Address of Insurance Carrier)

to make payment to Excel MSO, upon receipt of advice from Excel MSO as to the amount of such expenses. The rules and regulations of the Plan require the making and effectuation of the Assignment as a condition precedent to the payment of any benefits with respect to the injury referred to above.

Date: _____

(Employee/Member)

ACCEPTED AND APPROVED:

(Spouse)

Checks should be made payable to:

Attorney for _____

Date: _____

Attn: _____