



801 E. Plano Parkway Ste 150
Plano, Texas 75074

Irrevocable Assignments and Financial Responsibility

In consideration of the services rendered or to be rendered. I hereby irrevocably assign and transfer to Jeffrey K Fletcher, M.A., LPC (hereinafter referred to as "Provider") all right, title and interest in all benefits payable for the health care rendered, which are provided in any and all insurance policies, employee benefit plans, and/or third party actions against any other person or entity from whom my dependents or I am entitled to recover (hereinafter referred to as "Benefits"). I further hereby irrevocably assign and transfer to Provider all right, title, and interest in any and all causes of action against all insurance companies, employee benefit plans, third party administrators, and/or other persons or entities responsible for payment or Benefits (hereinafter referred to as "Responsible Parties"), and I hereby appoint the Provider as my attorney in fact, with power of substitution, to sue or otherwise obtain payment of Benefits from the Responsible Parties. Said irrevocable assignment and transfer shall be for the purposes of granting the Provider an independent right of recovery against such Responsible Parties, but shall not be construed to be an obligation of the Provider to pursue any such right of recovery.

I hereby authorize all Responsible Parties to pay directly to the Provider all benefits and amounts due for services rendered by the Provider.

I understand that if the Provider is not paid in full by proceeds of any Benefits, then this assignment does not release my obligation and liability to the Provider to payment for all services and items provided to me or the above-referenced Patient by the Provider. In the event no Benefits are paid by the Responsible Parties, then I agree to pay Provider for all charges incurred. In the event Benefits are paid by the Responsible Parties then I agree to pay Provider for all charges in excess of the Benefits paid. All payments will be made to Provider at 275 W. Campbell Road; Suite 121; Richardson, TX 75080.

The terms and consequences of these irrevocable assignments and financial responsibilities have been fully explained to me to my understanding, and I have signed this document freely and without inducement other than the rendition of services by the Provider.

AUTHORIZATION TO RELEASE INFORMATION TO INSURANCE COMPANY

I hereby authorize Jeffrey K Fletcher, M.A., LPC, or any hospital, physician or other provider, to release any medical or incidental information that may be necessary, for either medical care or in processing applications for financial benefit, to my insurance company or lawful representative thereof. A photocopy of these assignments shall be as valid as the original.

Signature of insured _____ Date _____

Signature of patient _____ Date _____

or patient's authorized representative