



**LETTER OF ASSIGNMENT**

I acknowledge the following debts for Blount Memorial Hospital.

Account(s)	Date of Service	Amount Owed
	<b>TOTAL:</b>	

I authorize the sending of medical bills to my attorney or liability insurance carrier, and in the event of recovery in this claim, I hereby assign and promise to pay Blount Memorial Hospital the total charges for services provided to me on the dates listed above. My attorney or claims representative shall withhold amounts sufficient to cover these bills and to make payment from whatever recovery is due me, whether by judgment or settlement to Blount Memorial Hospital.

I hereby release Blount Memorial Hospital from all liability that may arise from the release of the information requested or obtained.

I will pay Blount Memorial Hospital for medical care provided to me for this accident or injury. I must contact the Business Office for payment arrangements within 120 days of the date of service on my accounts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or Guarantor

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

***The above assignment is acknowledged and will be executed in accordance with these instructions.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Attorney or Insurance Claim Representative)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Claim / Docket / Identification Number: \_\_\_\_\_

Blount Memorial Hospital reserves the right to forward the management of the above account(s) to an agency affiliate until payment is resolved.

920-71 (revised 7/09)

**Mail completed form to the following address, attention: Business Office**  
907 E. Lamar Alexander Pkwy. • Maryville, TN 37804-5016 • (865) 977-5522