



Individual Assignment of Account Receivable

Provider declares that the information contained in this Individual Assignment is true and correct and that this Qualifying Patient's Account Receivable is not delinquent or in default as of the date of this instrument. This account receivable has not been previously sold or assigned. Provider further declares that this Qualifying Patient's Account Receivable is presently held as follows:

Qualifying Patient's Name

Provider

\$ _____
Non-Discounted Value of Account Receivable

DOS + additional dates of service as assigned to SMS

(This value may increase as additional dates of service are assigned to SMS)

Description of Treatment Rendered: Medical procedures related to a personal injury event and case. The value of the account receivable may increase as additional medical treatments or dates of service are assigned to Olive Branch Medical.

THEREFORE, FOR VALUABLE CONSIDERATION RECEIVED, Provider hereby assigns, grants, transfers, and conveys the Account(s) Receivable listed above, as well as other associated treatments/dates, to Olive Branch Medical, LLC.

Dated _____

Provider:

By _____

Its _____

Please forward all future inquiries and payments to:

OLIVE BRANCH MEDICAL, LLC
222 KAREN AVE. #3708
LAS VEGAS, NV 89109
Phone: (702) 534 - 2577