

Casey Broome, LMT  
OR Lic# 10100  
16169 SE 106<sup>th</sup> Ave  
Clackamas, OR 97015  
Phone: 503-784-5623

**ASSIGNMENT OF BENEFITS**

For and in consideration of the care rendered to me by Casey Broome, LMT, I specifically authorize and direct my attorney \_\_\_\_\_, to withhold from my share of the proceeds received from a settlement, judgment or verdict obtained for me, the full amount of fees for services rendered me which are directly attributable to my accident, and to withhold such sums from legal evaluation and reports, and to remit such sum directly to Casey Broome, LMT.

I fully understand that payment of my massage fees is not contingent upon my obtaining settlement, judgment or verdict by which I may recover said fee. I also understand Casey Broome, LMT may expect payment for services directly from me if judgment or settlement is delayed for an unreasonable length of time.

I authorize my attorney to obtain from Casey Broome, LMT copies of chart notes, prescriptions and billing statements or any other information of me in regards to the accident in which I was involved.

Dated: \_\_\_\_\_

Patient, Parent or Guardian: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**CONSENT OF ATTORNEY**

I, \_\_\_\_\_, the Attorney for

\_\_\_\_\_, have read the above Assignment of Benefits statement and agree to its provisions.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE SIGN BOTH COPIES & RETURN ONE COPY TO CASEY BROOME, LMT.