

**FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A.**

**POWER OF ATTORNEY AND MEDICAL RELEASE**

POWER OF ATTORNEY TO ENDORSE CHECKS AND/OR TO SIGN ANY PIECE OF PAPER WHICH WILL ENHANCE OR EXPEDITE PAYMENT TO PROVIDER FOR SERVICES RENDERED, INCLUDING BUT NOT LIMITED TO A RELEASE OF MEDICAL RECORDS and ASSIGNMENT OF BENEFITS/AUTHORIZATION TO PAY.

Know by all these present that: The undersigned has made, constituted and appointed, and by these presents does hereby make, constitute and appoint FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A., and any of it's duly authorized agents and employees as and to be the undersigned's true and lawful attorney for and in the undersigned's name, place and stead to endorse any and all checks, drafts or money orders which are made payable to the undersigned alone or to the undersigned and the said FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A., which checks, drafts or money orders are made payable for services which have been made by FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A., at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft of money order.

Furthermore, the undersigned allows FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A. or any of its agents to sign any paper that will be necessary to enhance, expedite and/or allow payment to said provider. This may include affidavits of non-ownership of vehicles, insurance forms and other statements.

The undersigned by these presents does give and grant the said FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A. as attorney the full power and authority to do and perform all and every act whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as the undersigned might or could do to personally present insofar as the endorsing and cashing of said checks are concerned as well as any other document.

**MEDICAL RELEASE**

A photocopy of this document shall be sufficient to authorize any person having records of medical treatment, services, or supplies pertaining to me to release true copies of same to FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A. or any insurer providing coverage to me in connection with the processing of any claim for benefits made by me or by the assignee herein. A photocopy of this document shall be as binding as an original signature page.

The undersigned does hereby ratify and confirm any and all actions taken by the said attorney in accordance with this special power and which the said attorney shall do or cause to be done by virtue of these presents.

**ASSIGNMENT OF BENEFITS**

I, \_\_\_\_\_ Hereby authorize \_\_\_\_\_  
(Name of Insured / Patient) (Name of Insurance Carrier)

to make medical benefits payments otherwise payable to me for services rendered by FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A., but not to exceed the charges of those services, payable to and mailed directly to:

FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, PA.  
1414 S.E. THIRD AVENUE  
FORT LAUDERDALE, FLORIDA 33316

Furthermore, I hereby IRREVOCABLY ASSIGN to FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A. the rights and benefits under any policy of insurance, indemnity agreement, or any other collateral source as defined in Florida Statutes for any service and or charges provided by FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE, P.A.

IN WITNESS WHEREOF the undersigned have hereunto set their hands, this \_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
PATIENT'S NAME (PLEASE PRINT)