## MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF RIGHTS FORM

I,	'Assignor"), hereby assign to Collins Care Consulting, LLC.
accommodations ("Services") provided by under MCL 500.3101, et seq, the No Fault	emedies to payment for health care services, products or Assignee to Assignor to which Assignor is or may be entitled Act. This Assignment is for the right to payment of Assignee's ent of any other No-Fault insurance benefits.
	services already provided to Assignor by Assignee prior to or agreement. Specifically, this Assignment <b>does not</b> include an
Assignor hereby certifies that Assignor has the rights, privileges and remedies for paym	incurred charges for services provided by Assignee for which ent are hereby assigned.
payment from a person or entity other than determination by it, or if a determination is Assignor lacks Michigan No Fault ("PIP" subject to this Assignment are not payable	that while Assignee may, pursuant to this Assignment, pursue Assignor, this agreement may be revoked by Assignee upon a smade pursuant to judicial or quasi-judicial proceedings, that or "Personal Injury Protection") coverage or that the services e pursuant to any such coverage for any reason under MCL licable policy of insurance, and/or due to any actions or conduct
and/or cost of pursuit of payment from any services is or might be owed under MCL	granted, Assignor accepts Assignee's assumption of the burden person or entity from whom payment for the above referenced 500.3101, <i>et seq</i> , The No Fault Act. This Assignment is not s performance as described in this paragraph is underway.
No Fault benefits, that counsel shall have n	contract with or retain his/her own counsel to seek his/her own o right to pursue payment of these assigned benefits, nor shall orney fee from the services provided by Assignee.
or unenforceable by any Court or Federal or	at any terms or provisions of this agreement are declared invalid State Government Agency having jurisdiction over the subject ms and provisions that are not affected thereby shall remain in
(Print Name of Patient or Legal Guardian	(Signature of Patient or Legal Guardian)
	(Date of Signature)