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

I,, ("Assignor"), hereby assign to Collins Care Consulting, LLC.
(Print Patient's Name)	
("Assignee") all rights, privileges and remedies to accommodations ("Services") provided by Assignee to under MCL 500.3101, et seq, the No Fault Act. This A charges, only, and not for the right to payment of any of	o Assignor to which Assignor is or may be entitled assignment is for the right to payment of Assignee's
The Assignment as set forth above is for all services a at the time of Assignor's execution of this agreement. Assignment of any future No Fault benefits.	
Assignor hereby certifies that Assignor has incurred of the rights, privileges and remedies for payment are her	
Assignor hereby certifies its understanding that while payment from a person or entity other than Assignor, determination by it, or if a determination is made pur Assignor lacks Michigan No Fault ("PIP" or "Person subject to this Assignment are not payable pursuant 500.3101, <i>et seq</i> , The No Fault Act, any applicable poli of Assignor.	this agreement may be revoked by Assignee upon a suant to judicial or quasi-judicial proceedings, that al Injury Protection") coverage or that the services to any such coverage for any reason under MCL
As consideration for the Assignment hereby granted, As and/or cost of pursuit of payment from any person or eservices is or might be owed under MCL 500.3101, revocable by Assignor so long as Assignee's performa	entity from whom payment for the above referenced et seq, The No Fault Act. This Assignment is not
Assignor understands that should Assignor contract wi No Fault benefits, that counsel shall have no right to p counsel be entitled to any payment of an attorney fee f	bursue payment of these assigned benefits, nor shall
Assignor and Assignee agree that in the event any terms or unenforceable by any Court or Federal or State Governatter of this agreement, the remaining terms and profull force and effect.	ernment Agency having jurisdiction over the subject
(Print Name of Patient or Legal Guardian)	(Signature of Patient or Legal Guardian)
	(Date of Signature)