



**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 SMS.

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 Sierra Medical Services, LLC.

Dated \_\_\_\_\_

Provider:

By \_\_\_\_\_

Its \_\_\_\_\_

Please forward all future inquiries and payments to:

**SMS (SIERRA MED SERVICES)  
8068 W. SAHARA AVE STE C  
LAS VEGAS, NV 89117  
Phone: 702/382-3272 Fax: 702/382-4260**

Phone: 702.382.3272 Fax: 702.382.4260

8068 W. Sahara Ave. Suite C. Las Vegas, NV 89117 . [www.sierramedservices.com](http://www.sierramedservices.com)