

POWER OF ATTORNEY and MEDICAL RELEASE

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

Known by all these present that: The undersigned has made, constituted and appointed, and by these present does hereby make, constitute and appoint **JOVE MEDICAL** 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 the undersigned and the said **JOVE MEDICAL** which checks, drafts or money orders are made payable for services which have been rendered by **JOVE MEDICAL** at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft or money order.

Furthermore, the undersigned allows **JOVE MEDICAL** or any of it's agents to sign any paper that will be necessary to enhance, expedite and/or allow payment to said provider. This may include insurance forms and other statements.

The undersigned by these present does give and grant the said **JOVE MEDICAL** 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 **JOVE MEDICAL** 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 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 present.

ASSIGNMENT OF BENEFITS

I, _____, hereby authorize _____
(Name of Insured) (Name of Insurance Carrier)

Payable to: **JOVE MEDICAL, INC.**
Payable and mailed directly to: **3111 45th Street, Suite 3**
West Palm Beach, FL 33407

The medical benefits otherwise payable to me for their services, but not to exceed the charges of those services. I hereby IRREVOCABLY ASSIGN to **JOVE MEDICAL** any benefits under any policy of insurance, indemnity agreement, or any other collateral source as defined in Florida Statues for any service and/or charges provided by **JOVE MEDICAL**.

IN WITNESS WHEREOF the undersigned have hereunto set their hands, this ____ day of _____, 20____.

PATIENT'S SIGNATURE

PATIENT'S NAME (PLEASE PRINT)