

CASE IDENTIFICATION				
CO.	RECORD NUMBER	CAT.	CTR.	DIST.
NAME				

AGREEMENT & AUTHORIZATION TO PAY MEDICAL ASSISTANCE CLAIM

WHEREAS, I have the right or cause of action arising out of personal injury, to wit:

and an application has been made to the Commonwealth of Pennsylvania, Department of Human Services, for Medical Assistance for my care incident to the injury.

NOW, THEREFORE, in consideration of such Medical Assistance paid provisionally pending the adjudication or settlement of the right or cause of action, I do hereby agree to pay the Commonwealth of Pennsylvania, Department of Human Services, any claim for such assistance paid provisionally and subsequently found to have been incorrectly paid as a result of the adjudication or settlement of the right or cause of action. The claim of the Commonwealth of Pennsylvania, Department of Human Services, for Medical Assistance incorrectly paid will be the amount of such assistance paid provisionally for medical care or services incident to the above injury, or the amount of money received by me as a result of the adjudication or settlement of the right or cause of action, whichever is the lesser.

I hereby acknowledge that all legal fees and incidental costs are entirely my responsibility and cannot be charged to the Department of Human Services.

I do hereby direct my attorney or representative to pay the Department of Human Services the money which may come into said attorney's hands, after deduction of legal fees and costs incident to the recovery of said funds, or as much of the balance of the funds as shall be necessary to satisfy the claim of the Department of Human Services. It is understood that this authorization is irrevocable and that I intend to be legally bound.

I further agree to notify the county assistance office and to make payment immediately if the funds come into my hands.

In order to carry out the purpose of this agreement, I do hereby authorize the prothonotary of, or any attorney of, and court of record of Pennsylvania, or elsewhere, upon certification by the Commonwealth of Pennsylvania, Department of Human Services, after adjudication or settlement by said right or cause of action, that Medical Assistance provisionally paid for my benefit has been incorrectly paid, to appear for and to enter judgment against me for the sum of Five Thousand Dollars (\$5,000.00) with or without declaration, release of errors, and without stay of execution.

It is further agreed that if the assistance claim as defined above is less than Five Thousand Dollars (\$5,000.00) I shall be liable to pay only the lesser amount. This judgment shall be collected as other judgments. I further agree that my real estate may be sold on a writ of execution. I hereby waive and release all relief from any or all appraisal, stay or exemption laws of any state or of the United States, now in force or hereafter to be passed.

Witness: _____ **Signed:** _____ (SEAL)

Date: _____