

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 Com Assistance for my care incident to the injury.	ımonwealth of Pennsyl	lvania, Department of Human Services, for Medical		
or settlement of the right or cause of action, I of Human Services, any claim for such assist paid as a result of the adjudication or settlem Pennsylvania, Department of Human Services	do hereby agree to pay ance paid provisionally ment of the right or ca ces, for Medical Assist or services incident to	stance paid provisionally pending the adjudication the Commonwealth of Pennsylvania, Department y and subsequently found to have been incorrectly use of action. The claim of the Commonwealth of tance incorrectly paid will be the amount of such the above injury, or the amount of money received tuse of action, whichever is the lesser.		
I hereby acknowledge that all legal charged to the Department of Human Service		osts are entirely my responsibility and cannot be		
I do hereby direct my attorney or repr the money which may come into said attorn incident to the recovery of said funds, or as m to satisfy the claim of the Department of Hum irrevocable and that I intend to be legally bou	ney's hands, after dec nuch of the balance of nan Services. It is unde	duction of legal fees and costs the funds as shall be necessary		
I further agree to notify the county ass funds come into my hands.	sistance office and to m	nake payment immediately if the		
In order to carry out the purpose of the of, or any attorney of, and court of record of Commonwealth of Pennsylvania, Department by said right or cause of action, that Medical incorrectly paid, to appear for and to enter Dollars (\$5,000.00) with or without declaration	Pennsylvania, or else tof Human Services, Assistance provisiona judgment against me	where, upon certification by the after adjudication or settlement lly paid for my benefit has been for the sum of Five Thousand		
It is further agreed that if the assistant Dollars (\$5,000.00) I shall be liable to pay onless other judgments. I further agree that my rewaive and release all relief from any or all apthe United States, now in force or hereafter to	ly the lesser amount. T eal estate may be sold praisement, stay or ex	This judgment shall be collected on a writ of execution. I hereby		
Witness:	Signed:	(SEAL)		
Date:				