

ASSIGNMENT OF RIGHTS

For treatment provided and other good and valuable consideration I, _____ (hereinafter patient), hereby assign all rights that PATIENT has under any group health, HMO plan, individual health, PIP, disability or any other health or medical insurance policy or reimbursement plan that may pay patient benefits for services and treatment that _____ has received or will receive from Doral Medical Imaging, Inc.

This assignment includes but is not limited to all rights to proceed against _____ insurance company or HMO in any action including legal suit if or any reason _____ insurance company or HMO fails to make payments of benefits to which is due. This assignment also includes any right to recover attorneys fees and costs for such action brought by the provider as _____ assignee.

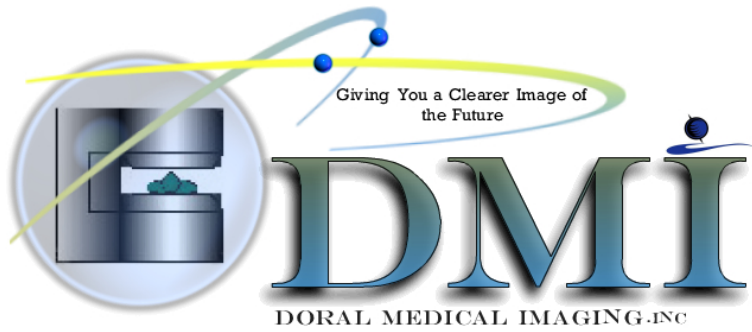
PATIENT NAME

PATIENT SIGNATURE

DATE

WITNESS

DATE



**AFFIDAVIT OF NON-OWNERSHIP RESIDENT RELATIVE'S
INSURANCE COMPANY**

I, _____ was involved in motor vehicle accident occurring on _____. At the time of said accident, I did not own a motor vehicle nor anyone in my household owned a motor vehicle for which security was required by Florida law.

Date this: _____

Patient Signature: _____

STATE OF FLORIDA

COUNTY OF DADE

The foregoing instrument was acknowledge before me this Day of _____, 2006 by _____ who showed _____ as identification.

NOTARY INFORMATION

Signature

Printed Name

My Commission Expires