



Dr. Herbert L. Brewer, III

Lienor / Grantor: Dr. Herbert L. Brewer, III  
Prepared by & Life Line, LLC/ Advanced  
Return to: Family Rehabilitation

November 13, 2012

9067 Highway 51 N  
Southaven, MS 38671  
901-270-7420

State and School Employees' Health Insurance Plan  
Blue Cross & Blue Shield of Mississippi  
P. O. Box 23071  
Jackson, Mississippi 39225-3071

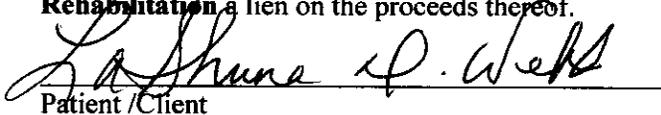
Lienee / Grantee: LaShuna Webb  
6445 Bently Cv.  
Horn Lake, MS 38637

RE: **Irrevocable Assignment and Lien**  
Patient/Client: **LaShuna Webb**  
ID#: **868455433M**  
Our File No: 20120904B

Dear Dr. Herbert L. Brewer, III:

I, **LaShuna Webb**, do hereby authorize **Life Line, LLC /Advanced Family Rehabilitation** and its doctors to furnish the above named **attorney or insurance company** with a full report of its examination, diagnosis, treatment, prognosis, etc., of myself in regard to the bike accident in which I was involved on the 3rd day of September, 2012. In conjunction therewith I do hereby hold **Life Line, LLC /Advanced Family Rehabilitation** and its employees, associates, and agents free and harmless from any and all liability whatsoever that may arise from the release of such information to the said **attorney or insurance company** or any person designated by the said **attorney or insurance company**.

I agree and understand that upon my initial visit to for treatment or examination, I am obligated to pay an initial partial payment to and that the balance thereof shall be paid in monthly installments to I fully understand that I am primarily and personally liable for all treatment, examinations, and other medical services performed by anyone in the employ of **Life Line, LLC /Advanced Family Rehabilitation**. I further understand that my liability for payment is not conditioned upon any settlement, judgment, or recovery of monies by me for any such injuries sustained and that my liability to the said for such services rendered is absolute irrespective of whether I am successful in recovering any monies from those responsible for my injuries. I hereby authorize and irrevocably direct the above named **attorney or insurance company** to pay directly to **Life Line, LLC /Advanced Family Rehabilitation** any and all sums as may be due and owing it for medical and medico legal services (including reports, conferences, appearances, etc.), interest, service charges, and indexing charges rendered to me both by reason of this accident and by reason of any other bills that are due the said **Life Line, LLC /Advanced Family Rehabilitation** for which I am responsible and to withhold such sums from any settlement or judgment effected or entered into on my behalf and to pay the same as heretofore directed. I do hereby assign, transfer, and set over to the extent I am indebted to **Life Line, LLC /Advanced Family Rehabilitation** any and all proceeds of any settlement or judgment effected or entered into on my behalf resulting from any litigation arising out of the aforementioned injuries. By this assignment, I do hereby give said **Life Line, LLC /Advanced Family Rehabilitation** a lien on the proceeds thereof.

  
Patient / Client

11/14/12  
Date