

INSTRUCTIONS TO COUNSEL

I, _____ clearly understand that all past,
Patient Name
present and future bills incurred at Budincich Chiropractic Clinic,
Inc. are my responsibility for payment.

I hereby ratify my agreement to pay all bills incurred during my
health care at this clinic.

I also, hereby irrevocably instruct you _____
Attorney's name
to pay the doctor in full from any such proceeds of settlement,
judgment or enforcement of judgment actions. You are to pay the
doctor prior to disbursing any proceeds to me.

I also understand that if the settlement does not cover the doctor's
entire bill, I am still responsible for the remainder.

I do hereby waive any applicable statute of limitations on the
collection of my account with this clinic.

I instruct you, _____, not to attempt to
Attorney's Name
negotiate my doctor's bill, who has provided all services billed for,
and I agree to pay in full.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____