Conscious Journey

MASSAGE AND METAPERSONAL INTEGRATED THERAPIES

Contractual Guarantee of Payment for Health Care Services

I hereby authorize and direct you, my attorney, to pay directly to _____ such sums as may be due and owing for health care services for injuries arising from a motor vehicle accident. I hereby authorize my attorney and involved insurance companies to withhold sums from any settlement, judgment, or verdict as may be necessary to adequately protect said health care provider or his/her office. I hereby further consent to a lien being filed on my case by said health care provider or his office against any and all proceeds of my settlement, judgment, or verdict which may be paid to you, my attorney, or me as the result of the injuries for which I have been treated.

I agree to never rescind this document and that any attempted rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney shall honor this Contractual Guarantee of Payment for Health Care Services as inherent in the settlement and enforceable upon the case as if it were executed by him/her.

I fully understand that I am directly and fully responsible to said health care provider or his office for all health care bills submitted by him for services rendered me. Further, this agreement is made solely for said health care provider's additional protection and in consideration of his forbearance on payment. I understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover damages. Also, I understand that my responsibility to pay _____'s bill is independent and separate from _____'s right to file lien to protect his financial interest.

I specifically request my attorney to acknowledge this letter by signing below and returning it to the _____'s office. I have been adised that if my attorney does not wish to cooperate in protecting the health care provider's interest, the health care provider will not await payment, but instead will require full payment at the time of service.

_____ _____

Date *Signature of Client*

_____ _____

Client's Driver License # *Client's Social Security #*

The undersigned, being the attorney of record for the above client, does hereby agree to observe all the terms of the above, and agrees to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said health care provider named above.

_____ _____

Date *Signature of Attorney*

Please date, sign, and bring the original to your initial appointment.

Conscious Journey, Utah: P. O. Box 526194, Salt Lake City, Utah 84152