



# METCALF CHIROPRACTIC HEALTH CENTER

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**Dr. Jeffrey P. Metcalf**

## **CHIROPRACTIC REPORTS & CONTRACTUAL GUARANTEE OF PAYMENT FOR HEALTH CARE SERVICES**

I do hereby authorize Dr. Jeffrey P. Metcalf to furnish you, my attorney, with a full report of his examination, care, prognosis, etc., of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing him for chiropractic services rendered to me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgement, or verdict as may be necessary to adequately protect said doctor.

And I hereby further give a lien on my case to said doctor against any and all proceeds of my settlement, judgement, or verdict which may be paid to you, my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I hereby further 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 doctor for all chiropractic bills submitted by said doctor for service rendered to me and that this agreement is made solely for said doctor's additional protection and in consideration of the doctor's awaiting payment.**

I understand that such payment is not contingent on any settlement, judgement, or verdict by which I may eventually recover said fee.

Please acknowledge this letter by signing below and returning to the doctor's office. I have been advised that if my attorney does not wish to cooperate in protecting this doctor's interest, the doctor will not await payment, but will require me to pay on my account and keep it on a current basis.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Attorney's Name (please print)

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

**Please date, sign, and return one copy to the office of Dr. Jeffrey P. Metcalf. Retain one copy for your records. A photocopy of this form shall be considered as valid as the original.**