

**Personal Injury Settlement Agreement
Georgia Spine and Sports Rehab
1957 Buford Hwy. Suite A
Buford, GA 30518**

I, _____ hereby authorize my attorney to direct pay all outstanding medical bills to Georgia Spine and Sports Rehab. I understand that if my attorney reimburses me with any settlement amounts that I am held solely responsible to pay all medical bills to Georgia Spine and Sports Rehab.

Failure to pay all remaining medical bills may incur legal and collections action. I understand that this will be avoided assuming my attorney directly reimburses Georgia Spine and Sports Rehab, its full medical bills. I understand that this form will be faxed to my attorney's office.

Signature of Patient/Guardian

Date