MEDICAL PROVIDER’S CONTRACT

This is an agreement between the undersigned **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** hereafter called “patient” and MAXIMUM LIFE HEALTH CENTER hereafter called “provider” for full and complete payment of the provider’s medical services and expenses by the patient from the proceeds of any insurance settlement, judgment at trial, or recovery from any other means or sources.

In consideration the provider hereby agrees to provide, following the reasonable request and appropriate authorization, reports of care to the patient’s attorney without charge to patient or patient’s attorney.

In further consideration, the provider agrees upon reasonable request and appropriate authorization to meet with the patient’s attorney to discuss the treatment of the patient. Such meeting shall be of reasonable duration in consideration of patient’s condition and shall be without charge to patient or attorney.

Patient agrees to pay provider, regardless of the outcome of any case, claim, or litigation in which the provider reports, notes, care and treatment plan are used.

Following the outcome of the claim, case, or litigation, if collection becomes necessary, patient will then become liable for interest, at the highest current legal rate, and provider’s attorney fees and expenses for successful collection fees for services.

A copy of this contract is to be sent to the patients attorney with a request the attorney follow these directions in making payment from any recovery to the undersigned provider.

This agreement shall follow the patient and binds all attorneys or firms handling the patient’s case.

Patient directs his attorney to withhold payment of the provider’s total bill for services/expenses for any settlement to recovery from whatever source and to make payment immediately to the provider.

This is an obligation coupled with an interest. It is NOT an agreement for payment based upon the outcome of any claim or litigation.

If any clause or provision of this agreement becomes illegal, invalid, or unenforceable for any reason, it is the intent of the parties that the remaining part of this agreement not thereby be affected.

This agreement does not waive any right of the provider or preclude the provider from any reasonable action to collect.

Read, understood, agreed and signed by these parties on this date **\_\_\_ / \_\_\_ / \_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature Date**

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**Patient Signature Date**