



KENNEDY CHIROPRACTIC  
HEALTH & WELLNESS CENTER

11 MAREBLU, SUITE 120  
ALISO VIEJO, CA 92656

## RE: PAYMENT OF MY CHIROPRACTIC BILL

I hereby instruct you, as my attorney, to pay **Dr. Kris Kennedy** the balance of any charges I have incurred or may hereafter incur for my care and treatment. This payment is to be made from any proceeds you may receive on my behalf by the way of judgment, settlement, and insurance payment to include "PIP" and "med-pay" or otherwise.

In reliance upon my assurances that this arrangement would be made and honored, Dr. Kennedy has agreed to treat me without payment at the time of service. In consideration of that agreement which has enabled me to obtain treatment without financial hardship, I hereby make and declare the instructions herein contained to be IRREVOCABLE. Your cooperation in the prompt disbursement of proceeds to Dr. Kennedy prior to making any payment to me will be most sincerely appreciated.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered me and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment 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 the doctor's interest, the doctor will not await payment and may declare the entire balance due and payable,

**Please make payment directly to:** Dr. Kris Kennedy | 11 Mareblu, Ste 120 | Aliso Viejo, CA | 92656

Print name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Signature: \_\_\_\_\_