



**“Exceeding Expectations with
Orthopedic Manual Physical Therapy”**

Date _____

I, the undersigned, in consideration of medical services rendered by at Peak Performance Physical Therapy, located at 7402 Westshire Drive Suite 105, Lansing, MI 48917 for injuries sustained which occurred on or about _____, _____, _____ and for treatment which I am indebted to said facility, do hereby authorize Attorney _____ to deduct and pay over to Peak Performance Physical Therapy, aforementioned, sufficient of the proceeds of any money that may become payable by reason of the claim, suit or settlement brought to recover damages, to pay for care obtained.

I fully understand that I am personally and directly responsible to said Facility for all medical bills submitted by Peak Performance Physical Therapy for services and supplies rendered to me. This agreement is solely for the said Facility’s protection. I fully understand that payment of said medical bills is not contingent upon any settlement, judgment, or verdict by which I am eventually to recover damages.

Name _____ Address _____

Date _____ Signature _____

Witness
Name _____ Address _____

Date _____ Signature _____

PEAKPERFORMANCEOMPT.COM

7402 Westshire Drive, Suite 105 | Lansing, MI 48917

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