
Phone: 860-343-0222
Fax #: 860-343-1544

INSTRUCTION TO COUNSEL

I, _____ clearly understand that all past, present and future bills incurred at Dr. Michael Vajda's office are my responsibility for payment.

I agree to have Dr. Vajda's entire bill paid from any proceeds of any nature by way of settlement, judgment or otherwise, I or you might receive. I do hereby instruct you, to pay Dr. Vajda in full from any such proceeds of settlement, judgment or enforcement of judgment actions. You are to pay the doctor prior to disbursing any proceeds to me.

I also understand that if the settlement does not cover the doctors entire bill, I am still responsible for the remainder.

I do hereby waive any applicable statute of limitations on the collection of my account with this office.

I instruct you, _____, or any other counsel that my take over my case of _____, not to attempt to negotiate my doctor's bill, who has provided services billed for and I agree to pay in full.

Signature

Date

Witness

Date