



5317 Limestone Road • Wilmington, DE 19808 • 302-239-1613

PROTECTION OF INTEREST FOR UNPAID MASSAGE THERAPY CHARGES

I hereby direct and authorize my attorney or employer to pay promptly all unpaid massage therapy services to DEEP MUSCLE THERAPY CENTER in my legal case arising out of my accident

of _____
(date/description of accident). I hereby authorize the said law firm, employer, or insurance company of :

NAME _____

ADDRESS _____

CONTACT PERSON _____ PHONE _____

ACCOUNT/POLICY # _____

To make direct payment to DEEP MUSCLE THERAPY CENTER of said funds.

I UNDERSTAND THAT INTEREST WILL ACCURE AT 1.5% MONTHLY AFTER 90 DAYS FROM THE INITIAL VISIT.

I hereby acknowledge that I am fully responsible for the charges for massage therapy at DMTC. I understand that if I have insurance (Worker’s Compensation, automobile injury protection insurance, or any other insurance) it may help me pay these charges, however, my insurance is a separate contractual arrangement, distinct from my obligation to pay DMTC.

CLIENT INFORMATION

LAWYER INFORMATION

Name _____ Name _____

Signature _____ Address _____

Date _____ Phone _____