

## **AUTHORITY TO PAY MEDICAL EXPENSES**

This document authorizes \_\_\_\_\_ ESQUIRE, to pay all health care providers for all unpaid medical bills related to the action for which he is representing me out of any settlement proceeds received from this action which I may be entitled to receive. He is also authorized to reimburse any parties for their prepayment of any medical expenses related to this matter.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

Client \_\_\_\_\_