

Credit/Collection Form

Extension of Credit/Collection Form

Georgia Limited Power of Attorney

BE IT ACKNOWLEDGED that I, , (social security number) the undersigned, do hereby grant a limited and specific power of attorney to

Pain 2 Wellness Center, LLC of 3910 Cascade Road, Atlanta, Georgia 30331 as my attorney-in-fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

Direct payment for services rendered by Pain 2 Wellness Center, LLC in reference to Person Injury Claims

Limited Power of Attorney

- ☐ Services Rendered
- ☐ Direct Residual Pain & Suffering

Insurance Company:

Insurance Claim Number:

Adjuster Name:

Adjuster Email:

Adjuster Phone Number:

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be irrevocable.

Signed this day .

Full Name

Date of Birth Date of Birth

Social Security Number



Current Address

Years there

Prior Address

Credit/Debit Card #1

Name on Card

Card Number

Security Code

Expiration Date

Credit/Debit Card #2

Name on Card

Card Number

Security Code

Expiration Date

Checking Account Information: Bank Name

Routing #:

Account#

Savings Account Information: Bank Name

Routing #:

Account #:

X _____



Signature Certificate

Document name: Credit/Collection Form

Unique Document ID: 455D651B019A93E0A9583BB38B2E11A02DDEF417

Timestamp	Audit
October 11, 2022 3:38 pm EDT	Credit/Collection Form Uploaded by Winston Carhee - winston@carhee.com IP 96.67.120.238
October 12, 2022 1:41 pm EDT	Collections Specialist - Collections@pain2wellness.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 98.251.30.4
October 12, 2022 1:41 pm EDT	Dr. Winston Carhee - winston@carhee.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 98.251.30.4
November 1, 2022 7:32 pm EDT	Collections Specialist - Collections@pain2wellness.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 174.209.101.253
November 1, 2022 7:32 pm EDT	Dr. Winston Carhee - winston@carhee.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 174.209.101.253
November 2, 2022 6:45 am EDT	Collections Specialist - Collections@pain2wellness.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 174.249.180.22
November 2, 2022 6:45 am EDT	Dr. Winston Carhee - winston@carhee.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 174.249.180.22
September 21, 2023 1:02 pm EDT	Collections Specialist - Collections@pain2wellness.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 96.67.120.238
September 21, 2023 1:02 pm EDT	Dr. Winston Carhee - winston@carhee.com added by Winston Carhee - winston@carhee.com as a CC'd Recipient Ip: 96.67.120.238



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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