

# 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

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**Credit/Debit Card #1**

Name on Card

Card Number

Security Code

Expiration Date

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**Credit/Debit Card #2**

Name on Card

Card Number

Security Code

Expiration Date

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**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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