

**POWER OF ATTORNEY AUTHORIZING BILL EQUITY**  
**TO NEGOTIATE MEDICAL BILLS**

My name is \_\_\_\_\_ and I have one or more medical bills, hospital bills, explanations of benefits or denials of benefits (collectively, the “Medical Bills”) that I want to dispute or correct, using Bill Equity, LLC to provide bill negotiation services.

In order to enable Bill Equity, LLC to contact health care providers, labs, hospitals, emergency rooms, insurance companies, and other billers and billing services (collectively, the “Medical Billers”) on my behalf, I am entering into this Power of Attorney Authorizing Bill Equity to Negotiate Medical Bills (the “Power of Attorney”).

1. I hereby constitute and appoint Bill Equity, LLC, a Georgia limited liability company (together with its agents, employees, managers, officers, independent contractors, successors and assigns, “Bill Equity”), with full power of substitution, as my true and lawful attorney-in-fact and agent in connection with the Medical Bills provided to Bill Equity.
2. This Power of Attorney shall be in full force and effect until the earlier of the following: (a) the day I terminate the Power of Attorney by sending written notice to [info@billequity.com](mailto:info@billequity.com), or (b) the day the Medical Bills are negotiated and Bill Equity is paid in full for its services.
3. I hereby authorize Bill Equity to do and perform each and every act and thing deemed necessary or desirable by Bill Equity in connection with negotiating discounts on the Medical Bills, or securing corrections to Medical Bills (if so requested by me), including contacting billing departments by telephone or in writing, sending Medical Billers copies of my Medical Bills, telling Medical Billers that you are negotiating on my behalf, and disclosing to the Medical Billers information I have provided to you regarding my financial situation and my medical bill obligations and liabilities, if that information is requested by the Medical Biller.

I have signed this Power of Attorney this [\_\_\_\_\_] day of [\_\_\_\_\_], [\_\_\_\_\_].

**Complete only if bills are for another person, for instance a child or someone over whom you have guardianship:** I am signing as a legal representative for the patient. I am the legal representative for \_\_\_\_\_ because of my relationship as \_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_