

Limited Power of Attorney

TO ENDORSE CHECKS and SIGN PAPERS TO ENHANCE & EXPEDITE PAYMENTS TO THE YOUTH FOUNTAIN,
LLC for SERVICES RENDERED

I, _____(name), living at my current address of _____

_____ (address) do make, constitute, and appoint The Youth Fountain, LLC and any of its duly authorized agents and employees as and to be the undersigned's name and to endorse any and all checks, drafts or money orders made payable to the undersigned alone or to the undersigned and The Youth Fountain, LLC with knowledge and approval of the undersigned with respect to emergency services and any procedures performed on the undersigned as a result of a hospitalization occurring from _____ to _____ (dates of hospitalization).

Furthermore, the undersigned allows The Youth Fountain, LLC or any of its agents or employees to sign any paper necessary to enhance and expedite payments to The Youth Fountain, LLC. This shall include all insurance forms.

The undersigned by these presents does thus give and grant The Youth Fountain, LLC, as attorney, the full power and authority to do and perform all acts necessary as the undersigned might or could do personally insofar as endorsing and cashing checks as well as any other documents with the respect to benefits claimed as a result of the aforementioned hospitalization and emergency services as well as procedures.

The undersigned does hereby ratify and confirm any and all actions taken by said attorney in accordance with this limited power and which the said attorney shall do or cause to be done by virtue of those present.

WITNESS my hand this _____ day of _____, _____.
(Date) (Month) (Year)

Patient's Name: _____

Patient's Signature: _____

Witness Signature: _____

Witness Signature: _____