Claim # SELFPAY

Roto-Rooter Services Company
6500 KANE WAY, SUITE B
ELKRIDGE, MD 21075
(410) 799-8844
Federal ID # 42 0499300

DIRECT PAYMENT AUTHORIZATION

Customer Name: FRANKLIN PINA

Customer Address: 939 OLDHAM ST

City, State Zip: BALTIMORE, MD 21224-4508

I authorize Roto-Rooter to invoice my insurance carrier directly for Roto-Rooter's charges, and I authorize my insurance carrier to pay Roto-Rooter directly for such charges, including by a check made payable solely to Roto-Rooter.

I agree that I am responsible for paying Roto-Rooter any amounts not covered by insurance (whether as a result of an insurance deductible or otherwise), and I agree to pay Roto-Rooter any unpaid amounts on or before the earlier of ten days after I receive payment from my insurance carrier or thirty days after the date (determined by Roto-Rooter in its sole judgment) that Roto-Rooter completes its water extraction and structural drying services.

I authorize Roto-Rooter to (a) deposit into its bank account any check that it receives from my insurance carrier that is payable to me for Roto-Rooter's charges, commingle such funds in its accounts and retain or withdraw them, and (b) to endorse any such check on my behalf for deposit into Roto-Rooter's bank account or authorize third parties to do so.

If my insurance carrier issues a check that exceeds Roto-Rooter's charges, regardless of payee, I authorize Roto-Rooter to deposit the full amount of that check into its bank account, and I understand that Roto-Rooter will promptly reimburse me for the excess.

If my insurance carrier delivers a check to me for Roto-Rooter's charges, I will endorse the check as necessary and immediately deliver it to Roto-Rooter.

Company name (if applicable): _____

Signature: Signed by: X D0954A3A48284AB... **Print name:** FRANKLIN PINA

Date: 08/28/2025

Roto-Rooter Services Company

By: Signed by: FADBE926B1D74AA... **Print name:** Jacob Roach

Date: 08/13/2025