



ATTORNEY BILLING

NORTH CAROLINA PREPAID LEGAL SERVICES CORPORATION
 P O BOX 2766
 Lenoir, NC 28645
 1-800-232-4936

CERTIFICATE NUMBER		GROUP NUMBER 095-0001	
SUBSCRIBER'S LAST NAME		FIRST NAME	MI
CLIENT'S LAST NAME (if different)		FIRST NAME	MI
SUBSCRIBER'S STREET ADDRESS		CITY	ST
INCIDENT DATE (IF APPLICABLE) MO. DAY YR.		CASE START DATE MO. DAY YR.	
CHECK IF APPLICABLE DEFENDANT <input type="checkbox"/> PLAINTIFF <input type="checkbox"/>		TYPE OF BILL: INTERIM <input type="checkbox"/> FINAL <input type="checkbox"/>	
OTHER LEGAL INSURANCE-CARRIER NAME		CERTIFICATE NUMBER (OTHER CARRIER)	
NAME OF COURT (IF APPLICABLE)		CITY	
PRINCIPAL ATTORNEY'S LAST NAME		FIRST NAME	MI
STREET ADDRESS		CITY	ST
LAW FIRM		ATTORNEY'S PHONE NO.	

INSTRUCTIONS: Send copies to the following- Original & duplicate: North Carolina Prepaid Legal Services Triplicate: Attorney Quaduplicate: Member	IMPORTANT: Attorney must bill the corporation within ninety (90) days after services are rendered, whether the case is concluded or not.
---	---

DATE MEMBER FIRST CONSULTED ATTORNEY REGARDING SUBJECT MATTER:	COMPLETION DATE (IF APPLICABLE):
NATURE OF LEGAL PROBLEM	
TOTAL TIME SPENT TO DATE ON LEGAL SERVICE AND HOURLY RATE: (ATTACH TIME SHEETS.)	

CHARGES FOR SERVICES RENDERED	MAXIMUM/YEAR	DEDUCTIBLE (FOR OFFICE USE ONLY)	AMOUNT CHARGED
BENEFIT A: ADVICE & CONSULTATION	\$100	\$0	
SERVICES RENDERED: _____ MO. DAY YR.			
BENEFIT B: OFFICE WORK	\$350	\$25	
SERVICES RENDERED: _____ MO. DAY YR.			CHARGED
BENEFIT C: JUDICIAL & ADMINISTRATIVE	\$750	\$25 (if plaintiff)	
SERVICES RENDERED: _____ MO. DAY YR. (SEND COPY OF COMPLAINT & JUDGMENT, IF APPLICABLE.)			CHARGED
BENEFIT D: MAJOR LEGAL	\$2,000		
SERVICES RENDERED: _____ MO. DAY YR. (BILL ONLY IF CLIENT IS THE DEFENDANT.)			CHARGED

PLEASE SIGN HERE IF ATTORNEY HAS BEEN PAID:	SIGNED (Attorney)	TOTAL DUE
---	-------------------	-----------

AUTHORIZATION TO PAY BENEFITS TO ATTORNEY: I HEREBY ASSIGN PAYMENT DIRECTLY TO THE ATTORNEY SIGNED BELOW FOR THE SERVICES RENDERED FOR ME BUT NOT TO EXCEED THE REASONABLE AND CUSTOMARY CHARGES FOR THOSE SERVICES	SIGNED (ELIGIBLE PERSON) _____ DATE _____
ATTORNEY'S STATEMENT: I CERTIFY THAT THE SERVICES LISTED ABOVE WERE INDICATED AND NECESSARY FOR THE PROPER REPRESENTATION OF THIS CLIENT. I SUBMIT THIS CLAIM FOR SERVICES PERSONALLY RENDERED AS A LICENSED ATTORNEY WHO UNDER SUCH LICENSE CUSTOMARILY CHARGES AND COLLECTS FEES FROM CLIENTS. IN MY OWN RIGHT I UNDERSTAND THAT IF THE ABOVE LISTED SERVICES CONTAIN KNOWINGLY FALSE OR FRAUDULENT CLAIMS, STATEMENTS, DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT THEY MAY SUBJECT ME TO DISCIPLINARY ACTION UNDER THE APPLICABLE PROVISIONS OF THE CODE OF PROFESSIONAL RESPONSIBILITY	SIGNED (ATTORNEY) _____ DATE _____