

**BACK IN LINE CHIROPRACTIC CENTER
6991 W. BROWARD BLVD PLANTATION, FL 33317
954-584-BACK (2225)**

LETTER OF PROTECTION

TO: Attorney: _____

RE: PATIENT: _____

I do hereby authorize the above doctor and corporations to furnish you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc. , of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney to pay directly to the above referenced doctor and corporations such sums as may be due and owing them for medical service rendered me both by reason of this accident and by reason of any other bills that are due their office and to withhold such sums from any insurance payments from whatever source, settlement, judgment, or verdicts may be necessary to adequately protect said doctor and corporations. I herby further give a lien on my case to said doctor and corporations against any and all proceeds of any insurance payments from whatever source, settlement, judgment of verdict which may be paid to you, my attorney, of myself as the result of the injuries for which I have been treated of injuries in connection therewith.

I fully understand that I am directly fully responsible to said doctor and corporations for all medical bills submitted by them for service rendered me and that this agreement is made solely for said doctors and the named corporations additional protection in consideration of their awaiting payment, I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

In the intent of the undersigned that this assignment is irrevocable and shall apply to the previously described cause of action whether of not the undersigned should engage co-counsel of substitute attorneys at any future time and in that event, the undersigned further agrees to immediately advise the doctor's office and corporations in writing of such substitution at the time said substitution or agreement of co-counsel should occur.

PATIENT'S SIGNATURE: _____ DATE: _____

The undersigned, being attorney of record for the above patient, and in consideration of the doctor's agreement to testify, provide medical reports or be disposed, does hereby agree to observe all the terms of the above and agrees to withhold such sums from any insurance from whatever source, settlement, judgment or verdict as may be necessary to adequately protect said doctor and corporations above named and to pay any of the above charges directly to the doctor and corporations within a reasonable time (not more than 10 days after receipt by the undersigned).

The patient's attorney further agrees to immediately notify the doctors' office and corporation in writing should there occur a substitution of counsel, referral to another attorney or law firm, and retention of co-counsel or should the attorney/client relationship be terminated or modified in any manner.

I will personally be responsible for the payment of the following service which the physician and /or above named corporations, agrees to render to the undersigned attorney and amounts due at the time of service.

1. Medical reports
3. Expert witness fees for trial testimony
5. Photo copy charge and faxing fee
2. Deposition fees
4. Conference (phone and/or pre-depo.)

The undersigned further agrees that the charges for medical reports, deposition fees and expert testimony are services rendered to the attorney by the physician and are not on a contingency basis, and shall be paid to the physician and corporations regardless of the outcome of the litigation and even if there is no recovery made of funds obtained from a third party to pay for these services.

In the event it becomes necessary for the doctor or any above named corporation to enforce the terms of this agreement against the undersigned, then and in that event , said corporation and/or doctor shall be entitled to recover all costs incurred including attorney's fees for services rendered in connection with any enforcement of breach of this agreement, including appellate proceedings and post judgment proceedings.

ATTORNEY SIGNATURE: _____ DATE: _____

PRINT NAME: _____