

LETTER OF PROTECTION AGREEMENT

Date: [Date]

To: [Attorney Name/Law Firm]

Address: [Attorney Address]

City, State, Zip: [City, State, Zip]

Re: Patient/Client Name: [Patient Name]

Date of Injury: [Date of Incident]

Claim Number: [Claim Number, if applicable]

Dear [Attorney Name],

This document serves as a Letter of Protection regarding the chiropractic services provided by [Chiropractic Clinic Name] to the above-referenced patient for injuries sustained on [Date of Injury].

I, [Patient Name], hereby authorize and direct my attorney to pay directly to [Chiropractic Clinic Name] such sums as may be due and owing for chiropractic services rendered to me, both by reason of this accident and by reason of any other bills that are due to said office, and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate said doctor.

I further understand that I am ultimately responsible for all fees incurred for my treatment. This Letter of Protection does not relieve me of my personal responsibility to pay for services rendered, regardless of the outcome of my legal claim or the sufficiency of any settlement.

Patient Signature: _____ **Date:** _____

ATTORNEY ACKNOWLEDGMENT

The undersigned, being the attorney of record for the patient named above, agrees to honor this Letter of Protection. I agree to notify [Chiropractic Clinic Name] immediately upon the resolution of this claim and to withhold and pay the total amount due for chiropractic services out of the proceeds of any settlement or judgment before any distribution is made to the client.

Attorney Signature: _____ **Date:** _____

Provider Name: [Chiropractor Name/Clinic Name]

Address: [Clinic Address]

Phone: [Clinic Phone Number]