

A.T. RADIOLOGY

Advance Technological Radiology, P.A.

LETTER OF PROTECTION

NAME OF PATIENT: -

DATE OF ACCIDENT:

ATTORNEY:

I, the undersigned patient, hereby authorize **Advance Technological Radiology, P.A.**, to furnish you, my attorney, with a report of this examination, diagnosis, treatment, prognosis and etc. of myself in regard to the accident/incident in which I was involved.

I, hereby authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing him/her for the professional services rendered me both by reason of this accident and by reason of any other bills that are due his/her 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 hereby further give a letter of protection on my case to said doctor against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself, as the result of the injuries for which I have been treated or injuries in connection therewith. I further authorize the bodily injury carrier and/or uninsured/underinsured motorist carrier for my claim to pay directly to **Advance Technological Radiology, P.A.** any balance due for services and/or supplies rendered to by said medical provider which necessitated treatment to me as a result of a motor vehicle/cycle/personal injury accident referenced above.

I fully understand that I am directly and fully responsible to said doctor for all professional bills submitted by him/her for services rendered me and that this agreement is made solely for said doctors additional protection and in consideration of his waiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I agree to promptly notify said doctor of any change or addition of attorney(s) undersigned by me in connection with this accident, and I instruct my attorney to do the same. In the event that I fail to notify said doctor of a change in my attorney or in the event my attorney fails to execute a new LETTER OF PROTECTION within fifteen (15) days of the date of my executing a representation agreement with the new attorney, I understand that the doctor will immediately seek to collect any outstanding balance I may have with **Advance Technological Radiology P.A.**

I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment, but may declare the entire balance due and payable.

ADVANCE TECHNOLOGICAL RADIOLOGY, P.A.



This letter of protection is irrevocable and as consideration for same, the doctor agrees to perform medical services and forebear immediate payment.

DATE: _____

PATIENT'S/GUARDIAN'S SIGNATURE _____

The undersigned being the attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate said doctor above named.

DATE: _____

ATTORNEY'S SIGNATURE _____

ATTORNEY: Please note that your client has already signified consent by signing the original. Please date, sign and return one copy to our office