



LETTER OF PROTECTION AGREEMENT

I hereby authorize and direct you, my attorney, to pay directly to Aaron D Anders Physical Therapy, such sums as may be due and owing this office for services rendered to me under my current treatment, and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said Clinic Aaron D Anders Physical Therapy.

In the event there is no recovery of benefits, I understand that I remain personally responsible for the total amounts due Aaron D Anders Physical Therapy for their services rendered.

I authorize Aaron D Anders Physical Therapy to release information pertinent to my case to my attorney to facilitate collection under this authorization.
I authorize Aaron D Anders Physical Therapy to perform any treatment that they deem necessary, and that I hereby give my consent to such treatment.

Signature: _____ Date: _____

Witness: _____ Date: _____