

Attorney Letter of Protection

Notice to Attorney: _____

RE: Your Client / Our Patient: _____

Date of Accident: _____ Claim #: _____

I, Jessica Bouton, Licensed Massage Therapist (hereinafter "LMT"), of MedTherapy Solutions, LLC have agreed to render, are rendering, or rendered therapeutic services to the above specified patient. Our patient / your client has authorized and directs, by his/her signature below, that you, as the attorney on this case, protect our outstanding bill for services arising out of this accident by withholding such sums from any settlement, judgment, verdict, or other sources for MedTherapy Solutions' outstanding bills, by making direct payment for our bills to MedTherapy Solutions, LLC when and should a settlement occur.

We understand that this is providing that the settlement is adequate to cover all or an equal percentage of our outstanding medical bills and other protected bills and legal fees. Patient / Client and I understand that, should not enough arise out of the settlement, or should you not be able to obtain a settlement for whatever reason, _____ (Patient / Client name) shall be solely responsible for all outstanding balances with MedTherapy Solutions, LLC.

MedTherapy Solutions, LLC realizes that as long as litigation is in process of this accident, and as long as this Patient / Client remains a Client with You / Your Firm, we will not initiate any collection proceedings for any unpaid balances until the case has been resolved. Patient / Client hereby agrees that should, for any reason, your services, or those of your Firm, be suspended, MedTherapy Solutions, LLC may then begin collection proceedings immediately, unless Patient / Client obtains a Letter of Protection from another law firm immediately.

MedTherapy Solutions, LLC will cooperate with you in any manner possible, including making available to you, upon request, copies of any and all bills and documentation reflecting treatment on this Patient / Client for which payment is expected out of the settlement.

MedTherapy Solutions, LLC, the undersigned Patient / Client, and Attorney, hereby agree to all of the above terms and conditions.

Patient / Client: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Attorney / Firm: _____ Phone: _____

Address: _____

Fax: _____ Signature: _____ Date: _____

Therapist / Facility: _____

Address: _____

Signature: _____ Date: _____