



Dear Attorney, subsequent attorneys, and insurance companies:

I have agreed to have Connecticut Spine & Rehab, LLC consider my litigation case as primary payer. I request that they bill its normal full fee schedule, and if it is presented for settlement in regard to liable insurance companies or other liable parties in regards to litigation case I will pay, and direct my attorney to pay out of proceeds.

Connecticut Spine & Rehab will bill any collateral insurance presented to us in accordance with their contract. We will accept payment for any covered services. This lien letter will protect all uncovered services.

I hereby direct you, my attorney, the insurance company paying my attorney, to pay directly to Connecticut Spine & Rehab, LLC such sums as may be due for professional services rendered to me by reason of this accident that are due their office and to withhold such sums from any 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. This agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment.

Patient Signature _____ Date _____

We would appreciate you signing and returning this letter of protection below as soon as possible to our office:

I shall protect the outstanding bill for services rendered of Connecticut Spine & Rehab, LLC out of the proceeds of any judgment or settlement for above mentioned patient by this office for the above-mentioned accident.

By: _____ Date: _____
Attorney's Signature