

[Should Be Printed on the Attorney's Letterhead]

LETTER OF PROTECTION

Patient Name: _____

Accident Date: ___/___/___

Attorney's Name: _____

Name of Your Practice: _____

I, the undersigned attorney, will protect the interests of your practice out of the proceeds of any settlement, judgment, or verdict, and out of any no-fault proceeds, relating to the accident listed above. By "interests," I mean any outstanding balance owed to you for treatment rendered to the patient for injuries sustained on the above date. By "no-fault" proceeds, I mean the proceeds of any medical payments benefits policy, personal injury protection policy, group or individual health insurance, or any other policy providing benefits for treatment without regard to fault.

Consistent with safekeeping property rules, I agree to provide you with prompt notice of any funds I receive related to the above-referenced accident, prompt payment from such funds, and a full-accounting of such funds upon request.

This letter of protection shall not be modified or revoked without your written consent.

Attorney's Signature

Date: ___/___/___