

SPINE & ORTHOPEDIC CENTER OF N.J., LLC

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DAVID B. BASCH, M.D., FAAOS
Fellow American Academy of Orthopedic Surgeons
Diplomat American Board of Orthopedic Surgery

DATE: _____

PATIENT NAME: _____

DATE OF LOSS : _____

ATTORNEY'S NAME: _____

LETTER OF PROTECTION

I hereby authorize and direct my attorney, as listed above, to pay directly to Dr. David B. Basch for any professional services rendered to me by reasons of this accident. I further give a lien on my case to Dr. David B. Basch against any and all proceeds to any settlement, judgments or verdict, which may be paid to my attorney, listed above or myself as the result of the injuries for which I have been treated.

Prior to disbursing any settlement or recovery, the attorney's office listed above, will verify the amount of any outstanding fees. Also, this office will protect your bill for services rendered to our client out of any judgment or settlement received in this case.

As the patient I fully understand that I am directly and fully responsible to Dr. David B. Basch for all professional bills submitted by him for services rendered to me and that this agreement is made solely for Dr. David B. Basch's additional protection and in consideration of his awaiting payment.

PATIENT SIGNATURE: _____ DATE: _____

ATTORNEY SIGNATURE: _____ DATE: _____

Sent out certified mail.