

DR TODD KOPPEL, MD

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LETTER OF PROTECTION

To: Attorney / Insurance Carrier:

Date: _____

R.E: Patient records and attorney's lien.

I do hereby authorize the above physician to furnish you, my attorney/insurance carrier, with a full report of my examination and diagnosis of myself in regard to my accident/illness which occurred/began on _____ in the town of _____.

I hereby give a lien to said physician on any settlement claim, judgment or verdict as a result of said accident/illness, and authorizes and directs you, my attorney/insurance carrier, to pay directly to said physician such sums as may be due and owing them for service rendered me, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect said physician adequately

I fully understand that I am directly and fully responsible to said physician for all medical bills submitted by them for service rendered me, and that this agreement is made solely for said physician's additional protection and 'in consideration of their awaiting payment. I further understand that such payment is not contingent on any settlement claim, judgment, or verdict by which I may eventually recover said fee.

I agree to promptly notify said physician of any change or addition of attorney(s) used by me in connection with this accident and I instruct my attorney to do the same and to promptly deliver of copy of this lien to any such substituted or added attorney(s).

Please acknowledge this letter by signing below and returning to the ambulatory physician. I have been advised that if my attorney does not wish to cooperate in protecting the physician's interest, the physician will not await payment but may declare the entire balance due and payable.

Date: _____ Patient's signature: **X** _____

Patient's name (print): _____

The undersigned, being attorney' of record or authorized representative of insurance carrier for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect and fully compensate said diagnostic physician above named. Attorney further agrees that in the event this lien is litigated that the prevailing paid will be awarded attorney fees and costs.

Date: _____ Authorized signature: _____

NOTICE: Please date, sign, and return one copy.

Keep one copy for your records.

Please reply using the enclosed envelope or by FAX