**NEW YORK PHYSICAL MEDICINE CENTER, LLC**

1295 Portland Avenue, Suite 9

Rochester, New York 14621

Phone: (585) 544-6410

Fax: (855) 226-5955

To: Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_understand that I am directly and fully responsible to said

doctor for all professional bills submitted by him/her for services rendered me and that this

agreement is made solely for said doctor’s additional protection and in consideration of pending

payment. And I further understand that such payment is not contingent on any settlement,

judgment, or verdict by which I may eventually recover said fee.

I additionally understand this letter also served as a letter of protection regarding any outstanding

balances incurred during my course of treatment with the above referenced doctor.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_herby authorize and direct you, my attorney, to pay directly to the

said doctor such sums as may be due and owing him/her for professional services rendered to

my both by reason of the aforesaid accident/injury and by reason of any other bills that are due

and owing to his/her office and to withhold such sums from any settlement, judgment. Or verdict

as, as may be necessary to adequately protect said doctor. I hereby further give a lien on my

case to said doctor against any and all proceeds of my settlement, judgment, or verdict which

may be paid to you, my attorney, or me as the results of the injuries for which I have been treated

for injuries in connection therewith. New York Physical Medicine Center, LLC shall be paid from

the client’s net proceeds meaning attorney’s fees and disbursement shall be paid for. Further,

when applicable, all bills should be submitted to the no-fault insurance carrier and should the nofault

insurance carrier pay New York Physical Medicine Center, LLC the client is not responsible

for the any fee/charges by New York Physical Medicine Center, LLC in excess of the no-fault

schedule.

Patient’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_

Attorney: Please sign, date and return this document to the doctor’s office named above.

The undersigned being attorney of record for the above patient does hereby agree to observe all

the terms and conditions of the above lien and agree to withhold such sums from any settlement,

judgment or verdict as may be necessary to adequately protect the said doctor named above.

Attorney signature: