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LETTER OF PROTECTION

Date of Accident

Time of Accident

Patient

Attorney

I authorize _____ to represent me as an attorney that will manage to pay for my medical services to _____ and use the settlement amount that I received from a legal case.

I confirm that this agreement should not be revoked and will advise my attorney to block any effort to revoke it.

I understand that I need to the _____ know about any charge or when adding an attorney in relation to the accident.

I agree that I will be responsible for my own medical expenses if I did not receive any settlement money from the case.

I confirm that I have read and understood the terms indicated in this letter and I am signing this in my free will.

Patient Signature

Attorney Signature

Date Signed

Date Signed



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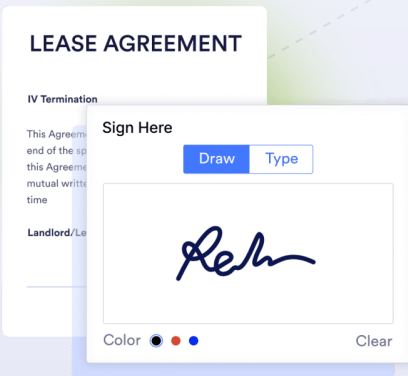
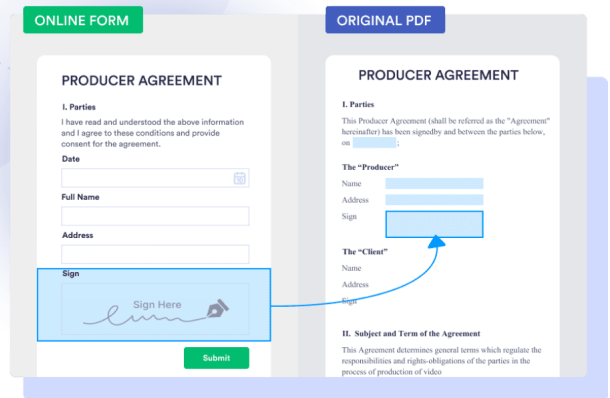
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