



**DEMETREE
CHIROPRACTIC
GROUP**

MATTHEW C. DEMETREE, D.C.
DEMETREE CHIROPRACTIC GROUP
 3505 S. ORLANDO DRIVE
 SANFORD, FL 32773
 (407) 324-8222

LETTER OF PROTECTION/DOCTOR'S LIEN

I hereby authorize Matthew C. Demetree, D.C. and/or Demetree Chiropractic Group to furnish my attorney with all necessary medical records including but not limited to report of my evaluation, examination, diagnosis, prognosis, and treatment plan.

Further, I authorize my attorney to pay Matthew C. Demetree, D.C and/or Demetree Chiropractic Group charges for services rendered to me, reports made, depositions given or other expenses from any monies received as a result of settlement, judgment, compromise or verdict on my claim. I further authorize my attorney to withhold any insurance payment for medical services and instruct him/her to remit same to the above named entity within ten (10) days of receipt.

I understand that nothing herein relieves me of my personal obligation to pay for the services rendered, as well as charges for medical reports and a fee for deposition or testimony as an expert witness in court if these services are required. I understand that these are services rendered on my behalf and are not on a contingency basis. I am responsible for these fees regardless of outcome of litigation.

I understand that this Agreement does not constitute consideration for Matthew C. Demetree, D.C. and/or Demetree Chiropractic Group to "accept assignment" if any services are paid for in part by any other source not to await payment indefinitely and that he may demand payment from me at any time after rendering services at his option. A 1.5% monthly service charge may be added to all bills outstanding more than 30 days.

This agreement is irrevocable and is in effect whether or not I engage co-counsel, substitute attorneys, or cancel litigation at any time in the future. In the event that this occurs I agree to notify Dr. Demetree in writing within 10 business days.

I agree that should it become necessary for Matthew C. Demetree, D.C. and/or Demetree Chiropractic Group to take legal action to enforce this agreement I will be responsible for all costs including but not limited to reasonable attorney's fees and any other costs necessary for enforcement of this agreement.

Patient: _____ Signed: _____ Date: _____

Witness: _____ Signed: _____ Date: _____

I the undersigned attorney of record for the above named patient agree to observe the terms of the above agreement and will act as agent to withhold sufficient funds, including insurance payments or payments from any source to pay directly to Matthew C. Demetree, D.C. and/or Demetree Chiropractic Group for the charges as outlined above. I further agree that should the client seek to change counsel or cancel litigation I will notify Dr. Demetree within ten (10) business days in order to protect his services and ability to collect fees for services rendered.

Attorney: _____ Date: _____

Signature: _____