

Dr. Kenneth S. Ross

RE: Letter of Protection / Lien

I, _____ hereby authorize Dr. Kenneth Ross to furnish you, my attorney, with a full report of their examination, diagnosis, treatment, prognosis or any other medical evaluation of myself for the date of accident of _____.

I hereby authorize and direct you, my attorney, to pay directly to Dr. Kenneth Ross such sums of money that are due and owing for all medical services rendered to me for the accident date of _____. I hereby authorize and direct, you, my attorney to pay directly or withhold such funds from any settlement, judgment or verdict as may be necessary to adequately protect and pay Dr. Kenneth Ross. I further give a lien on my case to Dr. Kenneth Ross against any and all proceeds of my settlement, judgment, or verdict, which may be paid to you, my attorney, or myself as a result of the injuries for which I have been treated, or injuries in connection with the accident of _____.

I fully understand that I am directly responsible to Dr. Kenneth Ross for all medical bills submitted by them for services rendered to me and that this agreement is made solely for Dr. Kenneth Ross additional protection and in consideration of their awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover in this case.

Patient Signature

Date