



LETTER OF PROTECTION

Patient Name: _____

Date of Accident: ____/____/____

Attorney Name: _____

Address: _____

I/We ("we") the undersigned patient, and attorney, will protect the interests of The Center For Total Back Care and/or B. Jeffrey Jolley, D.C. and/or Michael L. McKown, P.T. ("the Office") out of the proceeds of any settlement, judgment, or verdict, as well as out of any no-fault proceeds, relating to the accident listed above.

By "interests," we mean any outstanding balance owed to the Office by me, the Patient, for any Charges incurred at the Office as defined by the Office's documents.

This letter of protection shall not be modified or revoked without the written consent of the Office. This letter of protection shall not be exclusive of any other security interests or rights, if any, which the Office may have.

Patient's Signature _____ Date: ____/____/____

Attorney's Signature _____ Date: ____/____/____