



Bradenton Location
6815 14th Street West, Suite 204
Bradenton, FL 34207
(941) 758-7300

Sarasota Location
2325 South Tamiami Trail
Sarasota, FL 34239
(941) 758-7300

LETTER OF PROTECTION PATIENT AGREEMENT

Patient Name: _____ Date of Injury: _____

I hereby authorize and direct you, my attorney, to pay directly to Pain Medicine Institute, PLLC such sums as may be due and owing this office for services rendered to me, and to withhold such sums from any disability benefits, medical payment benefits, No-Fault/Liability benefits, health and accident benefits, worker's compensations benefits, or any other insurance benefits obligated to reimburse me from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect this office.

In the event there is no recovery of benefits, I understand that I remain personally responsible for the total amounts due this office for their services rendered.

I authorize Pain Medicine Institute, PLLC to release information pertinent to my case to my attorney to facilitate collection under this authorization.

I authorize Pain Medicine Institute, PLLC to perform any treatment that they deem necessary, and that I hereby give my consent to such treatment.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____