Total Health & Rehabilitation, Inc.

1303 Veale Road
Wilmington DE 19810
Ph 302-477-0800
Fx 302-477-0801

2060 Limestone Road, Suite 201
Wilmington DE 19808
Ph 302-999-9202
Fx 302-999-9203

LETTER OF PROTECTION
ASSIGNMENT AND AUTHORIZATION

(This Box is for Office Use Only)

DATE _____/_____/_____ #PAGES 1

FAX TO ATTORNEY _____

AT LAW FIRM _____

FAX NUMBER _____-_____-_____

REGARDING YOUR CLIENT/OUR PATIENT _____

FAXED BY _____ at the ☐ VEALE ROAD OFFICE
☐ LIMESTONE ROAD OFFICE

I,_____, hereby transfer and assign to *Total Health & Rehabilitation, Inc.* funds from any settlement, award, judgment, or verdict achieved by my attorney in my legal case arising out of my accident of _____/_____/_____.
PRINTED NAME OF PATIENT OR GUARANTOR
DATE OF ACCIDENT

I understand the purpose of this assignment and authorization is for the protection of *Total Health & Rehabilitation, Inc.* for their patience and consideration in awaiting payment for any unpaid physical therapy bills until a settlement, award, judgment, or verdict is achieved by my attorney for the accident referenced above. I understand that this assignment will go into effect should my personal injury protection insurance, worker's compensation insurance, or any other insurance benefits exhaust, discontinue or are denied. I agree to pay Total Health & Rehabilitation, Inc. for any outstanding bills regardless of the outcome of my case.

I further understand and agree to notify Total Health & Rehabilitation, Inc. if I change or terminate my attorney/client relationship and instruct any new attorney to honor this Letter of Protection and Authorization and agree to enforce its terms.

I have advised my attorney to acknowledge this letter by signing below and returning it to *Total Health & Rehabilitation, Inc.* I understand that if my attorney does not wish to cooperate in protecting *Total Health & Rehabilitation, Inc.* that they may require me to make payments on a current basis.

X_____ _____/_____/_____
SIGNATURE OF PATIENT OR GUARANTOR DATE SIGNED

_____
RELATIONSHIP OF GUARANTOR TO PATIENT

X_____ _____/_____/_____
ATTORNEY SIGNATURE DATE SIGNED