Florida Nerve Medicine, L.L.C.
Hildgarde Geisse, M.D.
Neurology

Attorney Agreement for Medical Bills and Medical Reports

Letter of Protection

I, the undersigned, being the attorney on record for the patient, _____ of Florida Nerve Medicine, L.L.C. do hereby agree to observe all the terms of the Medical Bills and Medical Reports Letter of Protection Agreement and acknowledge to withhold sums from any insurance payments, or other form of payment regardless of the source, settlement, judgement, or verdict, and will pay Florida Nerve Medicine, L.L.C. as soon as possible for said debt incurred from patient care received.

I, furthermore, understand and agree to immediately notify Florida Nerve Medicine, L.L.C., in writing, should there occur a substitution of counsel referral to another attorney, or law firm, retention of co-counsel, or should the attorney/client relationship be terminated, or modified, in any manner.

X _____ _____

Attorney Signature
Print Name next to signature

Date

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