



Personal Injury Information

Patient Name: _____ Date: _____

Date of Accident: _____ Referred by: _____

Chief Complaint: _____

Short description of accident: _____

Attorney Name: _____

Telephone #: _____ Fax #: _____

Address: _____

Paralegal assisting attorney: _____

Letter of protection signed? Please circle one: Yes / No

Verified by: _____ Date: _____

In-office use only:

Was letter of protection faxed to attorney? Yes / No If so when? _____

Do we have a Medical records release on file? Yes / No

Notes: _____



CERTIFIED
FOOT & ANKLE
SPECIALISTS, LLC.

I hereby authorize and direct my attorney to pay directly to Certified Foot and Ankle Specialists, P.L., all sums due and owing for any, and all services rendered by Certified Foot and Ankle Specialists, P.L., or any balance thereof, including but not limited to, medical services rendered, reports made or duplicated, depositions given, or time spent as an expert witness in this case. I authorize my attorney to withhold such sum from any insurance settlement, judgment, verdict, or any other source as may be necessary to adequately protect Certified Foot and Ankle Specialists, P.L. I hereby further give a lien to Certified Foot and Ankle Specialists, P.L. on all funds owing to me from my case by way of insurance payments, judgment, verdict, or other courses which may be paid my attorney or myself.

I fully understand that I am personally and directly responsible to Certified Foot and Ankle Specialists, P.L. for all medical bills submitted for services rendered to me. I further understand that this agreement is made solely for the additional protection of Certified Foot and Ankle Specialists, P.L. awaiting payment. I understand that nothing herein releases me of the primary responsibility and obligation of paying Certified Foot and Ankle Specialists in full for services rendered and that Certified Foot and Ankle Specialists, P.L. will not bill my medical insurance including HMO and any other health plans. I further understand that my obligation of paying is not contingent on any settlement, judgment, or verdict. I also understand that this agreement applies to Certified Foot and Ankle Specialists, P.L. when that entity is used in conjunction with any surgical procedure.

I agree to keep Certified Foot and Ankle Specialists, P.L. apprised of the name and address of all attorneys who represent me. Notification of any such changes must be made to Certified Foot and Ankle Specialists within ten (10) days. I also understand that if my attorney does not wish to cooperate in protecting Certified Foot and Ankle Specialists, P.L.; Certified Foot and Ankle Specialists, P.L. will not await payment, but will require me to pay my account on a current basis.

In the event that a dispute arises as to the charge of any services rendered by Certified Foot and Ankle Specialists, P.L. I hereby authorize and direct my attorney to withhold the full sum claimed by Certified Foot and Ankle Specialists, P.L. until said time as the matter is settled by compromise, settlement, or judgment. I also agree that I shall be responsible for all attorney fees and costs of collection to Certified Foot and Ankle Specialists, P.L. By my signature below, I have read and understand the terms of this agreement and have been notified of the disease associated with my procedure and treatment, or I will request such notice as needed. By signing below, I am agreeing to all the terms in this agreement.

Patient Signature: _____ **Date:** _____

Advanced, Comprehensive Conservative and Surgical Treatment of the Foot, Ankle and Lower Leg



CERTIFIED
FOOT & ANKLE
SPECIALISTS, LLC.

The undersigned, being the attorney of record for the above patient, does hereby agree to observe all the terms of the above and agrees to withhold such sums from any insurance payment, settlement, judgment, or verdict as may be necessary to adequately protect Certified Foot and Ankle Specialists, P.L. If I receive money paid on this case then I agree to hold all sums due and owing to Certified Foot and Ankle Specialists, P.L. IF a dispute arises, the payout will be due and payable within 30 days from the resolution of the subject litigation relating to my client.

In addition, I further agree that any, and all charges for medical reports, review of records, independent medical evaluations, depositions, expert testimony, and photocopying are not charges payable on a contingent basis and that I am fully responsible for the charges. These charges are paid to Certified Foot and Ankle Specialists, P.L. regardless of the outcome of litigation and even if there is no recovery or funds obtained from a third party for these services.

I agree to notify Certified Foot and Ankle Specialists, P.L., and writing within 10 days of the above-named patient changing his/her status as my client and I am no longer attorney of record. The failure of the attorney to advise the doctor's office of the termination of the representation within this time will result in the attorney being responsible for payment of the patient's medical expenses related hereto. Lastly, I agree that any action brought on account of any matter set forth above may be brought in the circuit court in Palm Beach County, Florida. I agree that the service of process at any location shall confer jurisdiction on such court.

Attorney Name: _____

Attorney Signature: _____

Date: _____

Advanced, Comprehensive Conservative and Surgical Treatment of the Foot, Ankle and Lower Leg