



AUTHORIZATION TO PAY UNPAID MEDICAL BILLS

I hereby irrevocably authorize and direct my attorneys to pay any and all charges for services rendered by ZARETT REHAB & FITNESS and/or any balance thereof, said payment to be made from any monies obtained by my attorneys as a result of compromise or by way of collection of a judgment on my claim for injuries sustained in the accident in question. Payment of this amount as herein relieves me of the primary responsibility and obligation of paying for the services rendered irrespective of whether any recovery is obtained.

DATE: _____ NAME: _____

ADDRESS: _____

LETTER OF PROTECTION

I, _____ individually and on behalf of _____ do hereby acknowledge receipt of the authorization executed by _____ Authorizing and directing us to pay any charges for services rendered and/or any balance therefore by ZARETT REHAB & FITNESS and I hereby agree that those charges for services will be paid out of any recovery obtained. I further agree that should _____ ever withdraw the foregoing authorization and direct me to distribute said funds to him/her, I will contact ZARETT REHAB & FITNESS and place said funds into an escrow account until such time as the dispute is resolved.

DATE: _____ ATTORNEY SIGNATURE: _____

ADDRESS: _____

In consideration of the foregoing, I, JOSEPH M. ZARETT, individually and on behalf of ZARETT REHAB & FITNESS have agreed to treat _____ for injuries sustained on _____, provide said patient's attorney with reports regarding said patient's injuries, and agree not to discuss said patient's condition with anyone without the attorney's approval.

DATE: _____ SIGNATURE: _____

JOSEPH M. ZARETT, MPT