



Manchester Sports & Physical Therapy

50 Bridge Street, Suite 200 * Manchester, NH 03101 * (P) 603-665-9222 (F) 603-665-9223

Letter of Protection & Attorney Information

Patient Name: _____ **D.O.B:** _____

Date & State of Injury: _____

Attorney Name: _____

Attorney Address: _____

Contact Name: _____

Phone: _____ **Fax:** _____

The office of the attorney listed above is requested and authorized to pay Manchester Sports & Physical Therapy any monies due to pay for the treatment I receive.

If there is a balance due to Manchester Sports & Physical Therapy after the account has been paid by the attorney's office, I agree to pay this balance.

If the case is not decided in my favor, I agree to pay any and all monies due to Manchester Sports & Physical Therapy for my treatment.

I authorize Manchester Sports & Physical Therapy to send my medical records and/or bills to the attorney listed above as they request it. This may include verbal and/or written communications.

Patient Signature: _____ **Date:** _____

I, Attorney _____ agree to protect the interest of Manchester Sports & Physical Therapy for the case regarding the patient listed above.

Attorney Signature: _____ **Date:** _____