

MASSAGE DOCTOR PLLC

Dr. Abdul Karim Taifour, LMPC

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WA DOH Lic. MA00012437
WA L&I Provider 0305851
NPI 1477749166

LETTER OF PROTECTION FOR MEDICAL LIEN

For Patient Name: _____ Date of Birth: _____

Date of Injury: _____

Re: Massage Doctor

To whom it may concern:

I hereby authorize and direct payment to Massage Doctor such sums as may be due and owing to them for debts or services rendered to me both by reason of this accident and by reason of any other bills that are due; and to withhold such sums from any settlement, judgment, or verdict that may be paid to you, my attorney, or myself.

I understand that I am directly and fully responsible to Massage Doctor for the above referenced amounts, and that this agreement is made solely for Massage Doctor's additional protection and in consider for their awaiting payment pending the outcome of this case. I further understand that such payment is not contingent upon any settlement, judgment, or verdict by which I may eventually recover said fee. In the event that my case doesn't result in payment, I will still owe any and all outstanding amounts, at which time the amounts are subject to collection action if they have not been paid.

Signed,

Patient signature

Date signed