

# Hamden Chiropractic

3281 Whitney Ave. Hamden, CT 06518  
(203) 248-7200 or fax (203) 287-2486

RE: Letter of Protection for my Chiropractic Bill

Patient: \_\_\_\_\_

Dear Attorney: \_\_\_\_\_

I hereby instruct you, as my attorney, to execute a letter of protection to Dr. Daniel Tarifi for payment of my Chiropractic bill. All charges incurred by me for my Chiropractic care and treatments are to be paid for by proceeds you may receive on my behalf by way of judgment, settlement payment to include "PIP" and "Med-Pay" or otherwise.

In reliance upon my assurances that this arrangement would be made and Honored, Dr. Daniel Tarifi has agreed to treat me without payment at this time of service. In consideration of that agreement which has enabled me to obtain instructions herein contained to be irrevocable. Your cooperation in the prompt disbursement of proceeds to Dr. Daniel Tarifi prior to making payments to me will be most sincerely appreciated.

Please make payments directly to: **Hamden Chiropractic**  
**3281 Whitney Ave.**  
**Hamden, CT 06518**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_