



AGREEMENT OF ATTORNEY

In consideration of **ADVANCED CENTERS FOR ORTHOPAEDIC AND SPORTS MEDICINE** (the “Doctors”) furnishing medical reports on behalf of my client(s), I hereby approve and accept the above Agreement and in addition accept the following conditions thereto:

1. I agree to deduct and remit directly to **ADVANCED CENTERS FOR ORTHOPAEDIC AND SPORTS MEDICINE** from any sources herein mentioned the balance due said Doctor when said matter is concluded. However, should said proceeds from any recovery be less than the charges for services rendered by the above Doctor, then I will not be personally responsible for payment of the unrecovered portion of said bill.

2. I agree that I will continue to be responsible, regardless of the outcome, for any professional fees due said Doctor for reports, opinions, depositions, court appearances and consultations of **ADVANCED CENTERS FOR ORTHOPAEDIC AND SPORTS MEDICINE** that are requested by me.

3. In the event said patient discharges me, then I will promptly notify the above Doctor of same and will remit to them from any proceeds that I hold at that time the balance of the bill for services rendered said patient and client, or so much thereof as may be in my hands at that time.

DATED: _____

ATTORNEY: _____(SEAL)

