



BAYSIDE CENTER

PLASTIC · RECONSTRUCTIVE SURGERY

A HOLISTIC APPROACH TO YOUR INNER BEAUTY

Dr. John B. Roach, Jr.

Letter of Protection and Agreement

The undersigned do hereby agree to pay Bayside Plastic Surgery LLC at 14100 Fivay Road Suite 130 Hudson Florida 34667 for its past, present and future charges and fees from any settlement proceeds or third party compensation received as a result of injury, accident or condition. Bayside Plastic Surgery LLC is granted an irrevocable lien on said funds and such lien is hereby acknowledged and consented to by Counsel. The undersigned hereby agree and acknowledge this agreement is irrevocable and that such amounts are owed notwithstanding if and when proceeds are received relating to the patients legal claim or status. Furthermore both patient and counsel understand Bayside Plastic Surgery LLC does not accept any form of health insurance for its charges pertaining to this injury, accident or condition.

Bayside Plastic Surgery LLC is entitled to receive periodic reports of the patients claim or litigation from patient and/or patients attorney prior to and including the actual settlement date.

By signing this form this will create a binding legal agreement between the patient and Bayside Plastic Surgery LLC subject to all civil remedies permitted by law.

By signing this form patient agrees to forward a copy of this agreement to patients legal counsel and to request that such counsel promptly sign and forward the agreement to Bayside Plastic Surgery LLC.

PATIENT SIGNATURE _____
DATE _____ PRINT PATIENT NAME _____

ATTORNEY SIGNATURE _____
DATE _____ PRINT ATTORNEY NAME _____

www.baysideplastics.com

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