

# GENERAL AUTHORIZATION LETTER

Please type or print

Dear LegalShield<sup>SM</sup> member:

You requested that we write a letter or make a telephone call to an opposing party on your behalf. In order for us to do so, please carefully read this letter and the Request for Letter or Telephone Call that follows, then complete the requested information, sign the form and return it to us. **YOU MUST FULLY COMPLETE EACH BLANK LINE AND PROVIDE ALL REQUESTED INFORMATION BEFORE WE CAN CONTACT THE OPPOSING PARTY ON YOUR BEHALF.**

Sincerely yours,

Friedman, Framme & Thrush, P.A.

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## Request for Letter or Telephone Call

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

To: Friedman, Framme & Thrush, P.A.

Attention/Attorney: \_\_\_\_\_

Email: mail@fftlaw.com - or- Fax: (410) 559 9009

From: \_\_\_\_\_

State: \_\_\_\_\_ Intake #: \_\_\_\_\_ LegalShield Membership #: \_\_\_\_\_

My Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have discussed my legal matter with you and request that you send a letter or make a telephone call to an opposing party on my behalf. This request is also my authorization for you to do so in accordance with my consultation with you and based on the information contained below.

I understand that if this request involves review of my personal health information and is subject to the Federal Health Insurance Portability and Accountability Act (Health Information Privacy Rule), I hereby authorize Friedman, Framme & Thrush, P.A. to obtain and release this information as appropriate or helpful to comply with this request.



5. Attached are all contracts, prior letters, invoices, estimates, photos or other documents that I have relating to my claim. Please limit this to 10-15 pages depending on your contract, unless otherwise advised by attorney.

6. The opposing party (check one)  IS or  IS NOT a member of LegalShield, or  I DO NOT KNOW if the opposing party is a member of LegalShield.

7. I understand that you (check one)  WILL or  WILL NOT send a copy of the draft letter to me to review before it is sent to the opposing party. I further understand that if you send a draft to me that you will not send a final letter until you receive my comments on your draft.

8. I (check one)  DO or  DO NOT want the final letter sent by Certified Mail, Return Receipt Requested (CMRRR). I understand that there is a \$15 fee for a CMRRR letter and if I request one, I have enclosed my check for \$15.00 payable to Friedman, Framme & Thrush, P.A. or have contacted the firm to make payment by credit card.

➔ Please make your check payable to “Friedman, Framme & Thrush, P.A.” and mail it to Friedman, Framme & Thrush, P.A., 6800 Paragon Place, Suite 233 Richmond, VA 23230 or call our 800 number to pay by credit card over the phone.

9. Please send my copy of the draft and/or final letter to me by (choose one):

a. Email to: \_\_\_\_\_

b. Fax to: \_\_\_\_\_

c. Regular mail to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The details I have provided are accurate to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Important note to members:** If we prepare and send a letter on your behalf, we will do so under the terms of your LegalShield membership contract and will rely on the information contained in your Request to do so. We will make every effort to complete and send the letter within three business days from receiving the Request from you. We will send you a copy of any letter. Our representation of you in this matter will end when we send the letter or make the telephone call. However, please call with any additional questions you may have or if you would like us to take further action. We would appreciate your advising us of any response you receive from the opposing party.