



NOTICE OF PHYSICAL THERAPY LIEN AGAINST PATIENTS NET SHARE OF PROCEEDS OF RECOVERY FROM LITIGATION

I, _____, hereby authorize my attorneys, _____, to pay directly to each individual provider such sums as maybe due and owing to the said physical therapy for the value of medical services rendered to me by reason of the injuries sustained by me on _____, in an accident at _____ and by reason of any other medical treatment rendered to me by the said therapy and to withhold such sums from my net share of my monetary recovery that may be obtained on the account of third party litigation arising from the said occurrence of _____. I hereby recognize and acknowledge a medical lien in favor of the said physical therapy against my net share of any proceeds that may be recovered by my attorneys.

I fully understand that I am directly and fully responsible to each individual provider for the payment of the value of all medical services and treatment rendered to me and that this NOTICE is executed solely for the additional protection of the said therapy and in consideration of his forbearance in seeking immediate payment. I further understand that my obligation for payment of the value of my therapy medical service is not contingent on the successful outcome of any litigation arising from the occurrence of _____.

_____ Date _____ Patient's Name

The undersigned, attorneys for _____ do hereby agree to observe all of the terms of the NOTICE OF PHYSICAL THERAPY LIEN and agree to withhold from the net share of any monetary recovery due to IME failure, policy expiration, and outside state accidents obtained for _____ arising from the occurrence of _____, such sum as necessary to satisfy the outstanding billing statements for the value of medical services and treatment rendered by each individual provider to _____ up to the time of the recovery of the said monetary award.

CONSENTED TO AND AGREED:

CT PHYSICAL THERAPY CARE P.C.

Attorney At Law

Date

Date