

PERSONAL INJURY LIEN

Patient Name:
Last First Middle Initial

Date of Accident:

Prescribing Physician:

I hereby authorize TEAM Physical Therapy, Inc. to furnish the above listed prescribing physician with a complete physical therapy evaluation, treatment plan and progress reports in regard to my treatment for injuries sustained in the accident on the above listed date.

I hereby authorize and direct:

Name of Attorney:

Attorney's Address:

Attorney's Phone:

Attorney's Signature: _____

to pay directly to TEAM Physical Therapy such sums as may be due and owing for physical therapy treatment rendered to me, both by reason of this accident and by reason of any other bills that are due TEAM Physical Therapy and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately give a lien on my case any and all proceeds of any settlement, the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to TEAM Physical Therapy for all physical therapy bills submitted for services rendered to me and that this agreement is made solely for TEAM Physical Therapy for additional protection and in consideration of awaiting payment. I further understand that such payment is to eventually recover said fee.

Patient's Signature

Date