



Lien Amount: \$ TBD Alpine Physical Therapy

Authorized signature: _____ Dated: ___/___/___

I hereby authorize and direct you, my attorney, to pay directly to the above identified medical provider or entity such sums as may be due and owing such medical provider or entity for medical services rendered me by reason of this accident and to withhold such sums from any settlement judgment, or verdict as may be necessary to adequately protect said medical provider or entity.

And I hereby further give a lien on my case to said medical provider against any and all proceeds, except fees and costs, of any settlement, judgment, or verdict which may be paid to you, my attorney, or myself as 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 said medical provider or entity for all medical bills submitted by them for service rendered me and that this agreement is made solely for said medical providers or entity's additional protection and in consideration of them awaiting payment, as further described below. As I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

This lien and/or assignment is contingent on the above medical provider or entity agreeing to not send me to any type of collections or to report my account(s) as bad dept in any form, with regards to any account in any way related to my accident. If the above identified entity is a collection agency, this lien and/or assignment is contingent on the above entity agreeing to not make any further reports of my account(s) as bad dept in any form, with regards to any account in any way related to my accident.

This lien and/or assignment is further contingent on the above medical provider or entity agreeing to not assess any type of interest charge on the principal amount owed or any lien fees, with regards to any account in any way related to my accident.

Dated: ___/___/___ Client Name: _____

DOI: ___/___/___ Client Signature: _____

Attorney Acknowledge of Assignment and Lien

_____ (law firm), being attorney of record for record for the above client, does hereby agree to observe all terms of the above and agrees to withhold such sums from any settlement judgment, or verdict as may be necessary to adequately protect the above medical provider.

Dated ___/___/___ Attorney Signature: _____