Authorization of Direct Payment and Service Provider Lien

To: Attorney_____
_____
_____, CA_____
(____)_____

Provider: Lakeside Physical Therapy
27762 Vista Del Lago, Ste A-1
Mission Viejo, CA 92692
F(949) 768-7502

Re: Medical Reports and Service Provider Lien
Patient:_____

I do hereby authorize Lakeside Physical Therapy to furnish you, my attorney, with a full report of the examination, diagnosis, treatment, assessment, etc. of myself in regard to the accident I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to Lakeside Physical Therapy such sums as may be due and owing him for medical services rendered to me both by reason of this accident and by reason of any other bills that are due to this office and to withhold such sums from any settlement, judgment or verdicts as may be necessary to adequately protect said provider of services. And I hereby further give a Lien on my case to said service provider against any and all proceeds of my 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 agree never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor the lien as inherent to the settlement and enforceable upon the case as if it were executed by him.

I fully understand that I am directly and fully responsible to Lakeside Physical Therapy for all medical bills submitted by it for service rendered to me and that this agreement is made solely for the additional financial protection and in consideration of the awaiting for payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Please acknowledge this letter by signing below. I have been advised that if my attorney does not wish to cooperate in protecting payment for physical therapy services, Lakeside Physical Therapy will not await payment but may declare the entire balance due and payable.

_____ _____
Patient's Signature Date

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect Lakeside Physical Therapy. Attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded attorney fees and costs.

_____ _____
Attorney's Signature Date

Please date, sign, and return one copy to Lakeside Physical Therapy. Keep one for your records as well.