



# Professional Physical Therapy

## MEDICAL REPORTS AND THERAPIST'S LIEN

I hereby authorize and direct you, my attorney, to pay directly to PROFESSIONAL PHYSICAL THERAPY such sums as may be due and owing them for medical services rendered me both by reason of this accident and by reason of any other bills that are due their office. And I hereby further give a lien on my case to PROFESSIONAL PHYSICAL THERAPY against any and all proceeds 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 PROFESSIONAL PHYSICAL THERAPY for all medical bills submitted by him/her for services rendered to me and that this agreement is made solely for PROFESSIONAL PHYSICAL THERAPY'S additional protection and in consideration of this awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may recover said fee.

Please acknowledge this letter by signing below and returning to PROFESSIONAL PHYSICAL THERAPY. I have been advised that if my attorney does not wish to cooperate in protection of PROFESSIONAL PHYSICAL THERAPY's interest, PROFESSIONAL PHYSICAL THERAPY will not await but rather will require me to make payments on a current basis.

**Date:** \_\_\_\_\_ **Patient's Name:** \_\_\_\_\_  
(Please print)

**Date of Injury:** \_\_\_\_\_ **Patient's Signature:** \_\_\_\_\_

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to pay PROFESSIONAL PHYSICAL THERAPY.

**\$1,000.00 deposit and \$1,000.00 per month until the balance is paid in full, or settlement is reached, whichever is first. Send all payments to:**

**Professional Physical Therapy, PO Box 398, Amite, LA 70422.**

### ATTORNEY INFORMATION:

**Date:** \_\_\_\_\_ **Attorney's Name:** \_\_\_\_\_  
(Please print)  
**Attorney's Signature:** \_\_\_\_\_

**ATTORNEY'S ADDRESS:** \_\_\_\_\_

*Please date, sign and return one copy to PROFESSIONAL PHYSICAL THERAPY at once. Keep one copy for your records.*

*Thank you*