



Professional Physical Therapy

PERSONAL INJURY LIEN

Patient/Claimant: _____

Insurance Company: _____

Address: _____

Claim Number: _____ Date of injury: _____

This agreement is between PROFESSIONAL PHYSICAL THERAPY and above mentioned INSURANCE COMPANY regarding financial responsibility and payment for services rendered to the above named claimant. It is understood that the services being provided to claimant is the result of an injury sustained by the claimant and is the subject of a claim or litigation

However, the claimant fully understands that they are directly and fully responsible to PROFESSIONAL PHYSICAL THERAPY for all medical bills for services rendered and that this agreement is made solely for PROFESSIONAL PHYSICAL THERAPY'S additional protection and in consideration of this awaiting payment. And claimant further understands that such payment is not contingent on any settlement, judgment or verdict by which I may recover said fee.

Responsibility of Insurance Company: The insurance company hereby agrees that upon settlement or closure of claim or litigation, to promptly forward the proceeds received from the claim or litigation for the remaining balance.

Insurance Agent Name: _____ Agent's Signature/Date: _____
(Please print)

Patient Name: _____ Patient's Signature/Date: _____
(Please print)

\$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.

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

Thank you

**PPT Professional Physical Therapy
P.O. Box 398, Amite, LA 70422 Ph (985) 748-7878 Fax (985) 748-2837**