



**PHYSICAL
THERAPY
SPECIALISTS**
— EST. 1994 —

LIEN AGREEMENT

Robert Allis, CFO, M.P.T.
Shelly Allis, CEO, M.P.T.
P.O. Box 2638
Pismo Beach, CA 93448

Attorney:

Re: Patient Records and PTS Lien

Patient: _____

I, the patient, hereby authorize Physical Therapy Specialists (*PTS*) to disclose to you, my attorney, a full report of my case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident or illness which occurred or began on: _____.

Appointment Policy: If for any reason a patient is unable to keep an appointment, we ask that the patient RESCHEDULE or CANCEL at least 24 HOURS PRIOR to the appointment time. Should the patient neglect to notify *PTS* at least the day preceding the appointment, the patient will be charged a \$45 missed appointment fee which will be due prior to further treatment. This is not billable to lien agreements.

I, the patient, hereby authorize a lien to *PTS* on any settlement, claim, judgment, or verdict which is a result of said accident or illness. I, the patient, authorize you, my attorney, to pay *PTS* directly for all sums due for such services rendered to me, the patient, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect *PTS* adequately.

I, the patient, fully understand that I, the patient, am directly and fully responsible to *PTS* for all medical bills submitted by *PTS* for services rendered me, and that this agreement is made solely for the additional protection of *PTS* and in consideration of the awaiting payment. I, the patient, further understand that such payment is not contingent on any settlement, claim, judgment, or verdict by which I, the patient, may or may not eventually recover. If no settlement, claim, judgment, or verdict has been made within six months of my discharge from treatment with *PTS*, I, the patient, agree to assume full liability for all balances owed to *PTS*.

I, the patient, understand that *PTS* will not settle with any party for less than 100% of the total billed charges, and I, the patient, agree to pay the total of all billed charges not covered by any settlement, claim, judgment, or verdict. Any remaining balance will not be billable to medical insurance and will be due immediately upon request.

Signature of Patient

Today's Date

The undersigned, being the attorney of record for the above patient, does hereby acknowledge receipt of the above lien, and does agree to honor all of the above stated to protect *PTS* adequately.

Signature of Attorney

Today's Date

Note: Please date, sign, and return original to PTS. Please keep a copy for your records.