



## LIEN AGREEMENT

I, \_\_\_\_\_, hereby grant a lien to Spring Physical Therapy upon any settlement claim, judgment claim as a result of an accident/illness occurring on \_\_\_\_\_. I authorize and direct my attorney to pay directly to Spring Physical Therapy any and all sums due to it for services rendered to me and to withhold such sums owed Spring Physical Therapy from any settlement or verdict as may be necessary to adequately protect Spring Physical Therapy. Furthermore, I agree that Spring Physical Therapy shall not be responsible and shall not pay attorneys' fees, expenses or costs for any claim or action I may have or for the collection of any funds due me from any third parties. I agree to have all my attorneys, whether currently retained or retained in the future, execute this document and agree to be bound by the terms contained herein until Spring Physical Therapy has received payment in full.

I fully understand that I am directly responsible for any and all charges submitted by Spring Physical Therapy and that this agreement is for the protection of Spring Physical Therapy and in consideration of its awaiting payment. I agree to pay the reasonable costs and attorneys' fee of Spring Physical Therapy in order for them to collect all sums due them on my account, including any actions against me to collect such sums. If settlement is not reached six (6) months from date of first treatment, payment in full is to be made by the patient, parent or guardian. Insurance will NOT be filed at that time.

**I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
\_\_\_\_\_  
Patient's Address

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The undersigned, being the attorney of record for the above patient, does hereby agree to observe all the terms of the above agreement and agrees to withhold sums from any settlement or verdict in the patients' favor in order to protect the interests of Spring Physical Therapy. The undersigned agrees not to release any proceeds of such settlement or verdict to any entity until Spring Physical Therapy has been paid in full. The undersigned further agrees to promptly notify Spring Physical Therapy of any settlement or verdict regarding the above patient's claim or action and to notify any other attorney retained by the above patient of the terms of this agreement. The undersigned acknowledges that Spring Physical Therapy is not responsible and shall not pay any attorneys' fees, expenses or costs in connection with the patient's claim or action.

Patient is being referred for a total of \_\_\_\_\_ physical therapy sessions.

- ☐ The recommended number of patient visits is approved. These visits do not exceed applicable policy limits or reasonable and customary medical treatment standards for the patient's condition.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Signature