

Sacramento Spine & Physical Therapy

www.sacramentospine.com

sacspine@msn.com

Notice of Professional Lien

Attorney _____

Phone: _____ Fax: _____

Sacramento Spine and Physical Therapy

P.O. Box 2710

Granite Bay, CA 95746

916-932-1210 or 677-1210

1. I hereby authorize, Sacramento Spine and Physical Therapy (SSPT), to furnish, my attorney, with my full records and billings in regard to my accident that I am receiving treatment for.
2. I hereby direct my attorney of record, at the time of case settlement, to pay SSPT directly such sums as may be due them for physical therapy rendered me by reason of this accident and any other bills that are due their office on my behalf in connection with this accident within 60 days of the settlement or conclusion of my case.
3. I hereby direct my attorney to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect all amounts due SSPT the result of the injuries for which I have been treated in connection therewith and request that I am not paid directly for SSPT billings or services. If I change attorney or no long use one, I agree to inform SSPT.
4. I understand that I am fully responsible to SSPT for any and all fees submitted by them for service rendered me and that this agreement is made solely for SSPT's protection and in consideration of their awaiting payment. I agree to keep my debt owed to SSPT separate from any potential future bankruptcy filings as long as my case is still pending.
5. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover the SSPT fees. If this account is assigned for collection and/or suit, collection costs and/or interest, and/or attorney's fees, and/or court costs will be added to the total amount due.

Client Signature: _____

Date: _____

Client Printed Name: _____

Witnessed by: _____

Acknowledgment of Attorney

The undersigned being attorney of record for the above client does hereby agree to observe all the terms of the above and agrees to withhold such sums form any settlement, judgment or verdict as may be necessary to adequately protect SSPT. I will not disburse funds directly to the client without informing SSPT in writing prior to doing so. I in no way represent SSPT, however in representing my client I will honor the requests set forth in this agreement.

Attorney's Signature: _____

Date: _____

Attorney: Please sign, date, and return copy to Sacramento Spine so that we may begin or continue care.

(Folsom fax 932-1205)

(Roseville fax 677-1214)