

JACOBO PHYSICAL THERAPY

1820 Chester Ave.

Bakersfield, CA 93301

Tel. 661-631-8793 Fax: 661-631-9257

TREATMENT LIEN

TO Attorney:

RE: Authorization to impose lien:

I, _____ hereby authorize and direct you, my attorney, to pay Jacobo Physical Therapy such charges up to the full amount as may be owing for services rendered me both by reason of my accident that are due their office and to withhold such sums from my portion of any settlement, judgment, or verdict as may be necessary to adequately protect Jacobo Physical Therapy.

I hereby further give a lien on my case to Jacobo Physical Therapy against any portion of any and all proceeds of any settlement, judgment, verdict, which may be paid to you, my attorney, or myself as a result of the injuries for which I have been treated or any injuries in connection therewith.

I fully understand that I am directly and fully responsible to Jacobo Physical Therapy's additional protection and in consideration of their awaiting payment. I further understand that it's Jacobo Physical Therapy's policy **NOT to reduce their final lien by less than 72% of their outstanding balance in cases where policy restrictions require providers to adjust their liens.** I further understand that **such payment is NOT contingent on any settlement,** judgment or verdict by which I may eventually recover said fee.

Dated: _____

PATIENT SIGNATURE: _____

The undersigned being the attorney of record for the above patient does hereby agree to observe all the terms of this lien and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect Jacobo Physical Therapy. If not, please inform your client that Jacobo Physical Therapy may refuse to take on the risk and may ask the treating physician to redirect the treatment to another facility. Thank you

Dated: _____

PATIENT SIGNATURE: _____