



**Notice of Physical Therapist's Lien**

DATE REQUESTED: \_\_\_\_\_

PATIENT (please print): \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_

ATTORNEY/THIRD PARTY (please Print): \_\_\_\_\_

I do hereby authorize Mike Kelo Physical Therapy, PLLC, (hereby referred to as MKPT) to furnish you, my attorney, with a full report of his/her examination, diagnosis, treatment, prognosis, etc. of myself in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to MKPT such sums as may be due and owing MKPT for medical service rendered to me both by reason of this accident and by reason of any other bills that are due the physical therapist's office and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate MKPT. And, I hereby further give a lien on my case to MKPT against any and all proceeds of my settlement, judgment, or verdict which may be paid to you, my attorney, or myself, as a result of the injuries for which I have been treated or injuries in connection therewith.

I agree to promptly notify MKPT of any change or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

Dated:

\_\_\_\_\_

CLIENT/PATIENT

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect and fully compensate MKPT. Attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded attorney's fees and costs.

Dated:

\_\_\_\_\_

ATTORNEY/THIRD PARTY