COLUMBIA PHYSICAL THERAPY
343 Wellsian Way Suite 101, Richland, WA 99352 • Phone 509-946-9191 • FAX 509-946-8247

MEDICAL CARE PROVIDER'S LIEN

I, _____, hereby authorize and direct you, my attorney, to pay Columbia Physical Therapy such sums as may be due and owing them for medical services rendered to me by reason of this accident and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said medical care provider. I hereby further give a Lien on my case to said medical care provider against any all proceeds of my settlement, judgment, or verdict which may be paid to you, my attorney, or myself, as the result of the injuries for which I have been treated or injures in connection therewith.

I agree never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney shall honor this lien as inherent to the settlement and enforceable upon the case as if they executed it.

I fully understand that I am directly and fully responsible to said medical care provider for all medical bills submitted by them for services rendered to me. This agreement is made solely for said medical care provider's additional protection and in consideration of their awaiting payment. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fees.

Dated this _____day of _____, 20__, _____
Patient Signature (or parent if patient is a minor)

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms and agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect said medical care provider named above.

Dated this _____day of _____, 20___, _____
Attorney Signature

Lien for _____