DYNAMIC PHYSICAL THERAPY SERVICES P.C.
43-43 KISSENA BLIVD, FLUSHING, NY 11355
Phone: 718 661 1710. E-mail: dynamicpt@gmail.com

LIEN AGREEMENT

PATIENT NAME: _____

DATE OF ACCIDENT: _____

I hereby direct and authorize you to pay Dynamic Physical Therapy Services, PC, out of any monies that may come payable to me or my agent from you as my attorney, indemnitor or other capacity, from any settlement, judgment or otherwise, my claim for personal injuries or \other damages sustained by me in an accident, or from any contract of insurance or from any estate of which I am a beneficiary, the fee now due or which may become due to Dynamic Physical Therapy Services, PC, from me for professional medical services rendered by them, which sum or sums I hereby assign, transfer and assign over unto them. No assignment is intended of my claim or any part thereof, but only a portion of the proceeds to the extend herein provided, as if said proceeds were presently a liquidated amount. If the person treated is an infant, this agreement shall apply to my share as a parent and/or guardian.

This arrangement is made voluntarily by me because of my present inability to pay the said fee and as security for any indebtedness, which nevertheless, is specifically, not contingent upon my recovery of damages except at the option of Dynamic Physical Therapy Services, PC,

I expressly direct you to pay to Dynamic Physical Therapy Services, PC, the entire amount due, without further notice.

PATIENT SIGNATURE

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