

LAYTON PHYSICAL THERAPY & SPORTS MEDICINE, INC

**2179 N. 1700 W. Ste. #4
Layton, Utah 84041
(801) 728-4624/ (801) 776-3087**

Re: _____

LIEN

I authorize and direct my attorney to pay directly to Layton Physical Therapy & Sports Medicine, Inc. such sums as may be due and owing Layton Physical Therapy & Sports Medicine, Inc. for professional services rendered me both by reason of this accident and by reason of any other bills that are due Layton Physical Therapy & Sports Medicine, Inc. and to withhold such sums from any settlement, judgement or verdict as may be necessary to adequately protect Layton Physical Therapy & Sports Medicine, Inc. I further give a lien on my case to Layton Physical Therapy & Sports Medicine, Inc. against any and all proceeds of any settlement, judgment or verdict which may be paid by any insurance company to my attorney or myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to Layton Physical Therapy & Sports Medicine, Inc. for all professional bills submitted by them for service rendered me and that this agreement is made solely for Layton Physical Therapy & Sports Medicine, Inc.'s additional protection and in consideration for them awaiting payment. I further understand that such payment is not contingent on any settlement judgment or verdict, which I eventually recover.

Patient's Signature

Date

The undersigned attorney of record for the above 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 Layton Physical Therapy & Sports Medicine, Inc.

Attorney's Name (PLEASE PRINT)

Attorney's Address

City/State

Zip

Attorney's Signature

Date

Please sign, date, and return one copy to Layton Physical Therapy & Sports Medicine, Inc immediately, and retain a copy for your records. Thank you!