



Lien Agreement

Date: _____

Attorney Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Patient: _____

Date of Injury: _____

I, the undersigned, hereby authorize Prevent The Pain Therapy, Inc. to furnish my attorney a full report of treatment rendered to me and charges incurred by me for such treatment relating to injuries suffered by me as a result of this injury.

I hereby authorized and direct my attorney to pay directly and in full to Prevent The Pain Therapy, Inc. such sums as may be due and owing for medical services rendered to me from any sums received by my attorney on my behalf in compensation of my claim or cause of action relating to such injuries.

I further give lien to Prevent The Pain Therapy, Inc. against any recovery by me by way of settlement, judgment, or otherwise, which may be paid to me or my attorney and against the cause of action for compensation for the injuries for which I have been treated.

I fully understand that I am directly and personally liable to Prevent The Pain Therapy, Inc. for all medical services provided to me, that the lien is solely for their protection and that payment to them is not contingent on any settlement or judgment of my pending case.

Patient Signature

Date

I, the undersigned, am the attorney for said patient above. I agree to observe the terms of the above agreement and to withhold such sums from any settlement or judgment that I may receive in the above case as may be necessary to make full satisfaction to Prevent The Pain Therapy, Inc. for services rendered.

Attorney Signature

Date