

THE VISIONS TO YOUR TOTAL REHAB



DATE: _____

LIEN AGREEMENT

This contract is brought into agreement by the client _____ and VISIONS PHYSICAL THERAPY. Client assigns a portion of their settlement, which equals the total amount of services rendered or unpaid amount. Payment will be made directly to VISIONS PHYSICAL THERAPY from _____.

PATIENT SIGNATURE

DATE

ACCOUNT #

WITNESS

DATE

ATTORNEY

DATE