

Therapy Unlimited, LLC

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_26751 Southfield Road
Lathrup Village, MI 48076
Phone: (248) 443-5400
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TO ATTORNEY:

Re: Reports and Facility Lien

I do hereby authorize the above facility to furnish you, my attorney, with a report of examination, diagnosis, treatment, prognosis, etc. of myself in regard to the accident or work related injury in which I was involved.

I hereby authorize and direct you, my attorney and/or any insurance company obligated, to pay directly to said facility sums as may be due and owing for medical services rendered me both by reason of this accident or injury and by reason of any other bills that are due this office and to hereby further give a lien on my case to said facility against any and all proceeds of any settlement, including any third party settlement or recovery, judgment or verdict which may be paid to you, my attorney, or myself as a result of the injuries for which I have been treated or injuries in connection herewith.

I fully understand that I am directly and fully responsible to said facility for medical bills submitted by the facility for services rendered to me. This agreement is made solely for said facility for 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 fee.

This lien shall continue so long as there remains monies due to said facility for treatment rendered. This lien shall not be released until balance is satisfied in writing by said facility.

Patient Signature

Date

The undersigned, being attorney of record for the above patient, does hereby agree to withhold such sums from any settlement, judgment or verdict as is necessary to protect the outstanding balance due from patient to said facility.

Attorney Signature

Date

ATTORNEY: Please date, sign and return one copy to Therapy Unlimited, LLC at once.