

**ADVANCED TRAINING**   
**AND REHAB**  
Physical Therapy and Sports Specific Fitness Training

**NOTICE OF LIEN**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give a lien and guarantee of payment to Advanced Training and Rehab, LLC (herein after referred to as “Advanced Training”), for services rendered on any Settlement, claim, judgment, or award of verdict of any type as a result of the accident, situation or illness for which I received medical services from Advanced Training. Additionally, I authorize and direct \_\_\_\_\_, my insurance company or attorney to pay directly to Advanced Training the total amount of my services, or a percentage thereof if required by statute or agreed to by Advanced Training. Sums due to Advanced Training for medical services, treatment, or equipment must be withheld from any settlement, claim, judgment, award, verdict, or other monetary sum resulting from this claim or injury in order to protect the interest of Advanced Training and pay in full the amounts owed.

I fully understand that I am directly and fully responsible to Advanced Training for all bills submitted by Advanced Training for services rendered to me, and this agreement is solely for Advanced Training’s additional protection and consideration for services rendered. I further understand that payment for these medical services is not contingent upon any settlement, claim, judgment award, verdict, or other resolution of this matter, which I may or may not eventually recover.

This agreement is a full integration of any other agreements I have made with Advanced Training. This agreement is valid for one year from the date of settlement, verdict, or other recovery from this claim or controversy. Within ninety (90) days of my claim’s resolution, payment in full is expected unless barred by statute or unless other arrangements are made with Advanced Training. If there are any changes in the status of this claim (for example, a change of attorney or law firm, inability to reach client to update the status of the claim, withdrawal from or referral of claim by law firm) this agreement will be considered null and void, and payment will be expected in full immediately.

\_\_\_\_\_

Patient signature

\_\_\_\_\_

Date

**ATTORNEY ATTESTATION**

I, \_\_\_\_\_, as an attorney for the above named patient, do hereby acknowledge receipt of this lien and by acknowledging the same, agree to honor this lien to the extent of any settlement, claim, judgment, award, verdict or other resolution is received on behalf of my above named client. I further agree to promptly notify Advanced Training if I withdraw from this case or refer this case. I further agree to mail or fax a copy of this agreement to Advanced Training. A copy of my signature is valid as the original.

\_\_\_\_\_

Attorney signature

\_\_\_\_\_

Date

**WITNESS**

In witness hereof I have hereunto subscribed my name and affixed my original seal this \_\_\_\_\_ day of

\_\_\_\_\_

\_\_\_\_\_

Notary Public