

NOTICE OF LIEN

TO INJURED PERSON: Name:
Address:

TO PARTY AGAINST WHOM Name:
CLAIM FOR INJURIES EXISTS: Address:

INSURANCE COMPANY OR Name:
ATTORNEY FOR Address:
RESPONSIBLE PARTY:

PRIMARY THERAPIST: _____ License # _____
14380 South Outer 40, Town & Country, MO 63017

You are hereby Notified that Advanced Training and Rehab / Therapeutic Specialties, Inc., does hereby give notice of its claim for a lien in the sum of _____ (\$ _____), for services rendered in the treatment, care and maintenance of:

Injured Person:
Address:

who was injured on the _____ day of _____ A.D. 20____. The name of the party alleged to be liable to make compensation to said _____ (injured person) for the injuries received is:

Person Liable to Injured Person:
Address:
Insurance Company for Person Liable:
Address:

Dated this _____ day of _____ A.D. 20____.

ADVANCED TRAINING AND REHAB

By: _____ Injured Party: _____