



Restore Care
 Abbey Coburn, PA-C
 6028 S Ridgeline Dr., Suite 203
 Ogden, UT 84405
Phone: 801-896-3710 **Fax:** 801-559-3237
E-Mail: info@restorecare.org

Patient Fee and Lien Agreement

Patient Name: _____ Date of Accident/Injury: _____

Attorney's Name and Phone Number: _____

Date of Service: _____

1. Consent and Release

The undersigned patient _____ (*insert name of patient*). ("Patient") hereby consents to the examination, treatment, procedures and services to be performed by _____ (*insert name of medical provider*) ("Provider")

Patient authorizes Provider to release any information needed to process the claims with respect to the examination, procedures, treatment, and services rendered by Provider. Patient further directs that a photocopy of this Patient Fee and Lien Agreement be considered as valid as the original.

Patient further authorizes _____ (*Insert name of attorney*), ("Attorney") to keep Provider advised of the progress of Patient's case at reasonable intervals.

2. Lien

Patient hereby authorizes and directs Attorney to pay Provider directly any sums due for medical services rendered to Patient. Patient directs Attorney to withhold such funds from any settlement, verdict or judgment that is rendered in the said Patient case. Patient hereby notifies Attorney that Patient is giving Provider a \$300 lien on these benefits or settlement proceeds. Additional charges will be added to the lien if Patient requires further services from Provider. Please notify us when the case has settled to obtain final lien amount. In consideration for Provider waiting for payment, this lien is irrevocable and can only be satisfied by full payment of all sums due to Medical Review Services, LLC for medical services rendered. Patient authorizes Provider to notify Attorney of this lien at Provider's discretion. Patient understands that any settlement, verdict or judgment proceeds cannot be disbursed to Patient without first satisfying this lien.

Dated: _____

 Patient's Signature

 Patient's Printed Name

 Provider's Signature

 Provider's Printed Name