GREEN
PHYSICAL THERAPY

PERSONAL INJURY · MEDICAL PROVIDER LIEN

Attorney Lien

PATIENT NAME	DATE OF ACCIDENT

01 AUTHORIZATION TO RELEASE RECORDS

I do hereby authorize Green Physical Therapy, including Dr. Chaya S. Green, PT, DPT, CDN, CEAS, Dr. Mendel Romanenko, PT, DPT, CDN, and any employee, clinician, therapist, or authorized provider acting on behalf of Green Physical Therapy, to furnish you, my attorney or insurance company, with a full report of their examination, diagnosis, treatment, etc., of myself in regard to the accident in which I was recently involved.

02 DIRECTION TO PAY & LIEN ON PROCEEDS

I also authorize and direct you, my attorney or insurance company, to pay directly to Green Physical Therapy such sums as may be due and owing for physical therapy and related services rendered to me by Green Physical Therapy, including services provided by any of its employees, clinicians, therapists, or authorized providers, both by reason of this accident and by reason of any other bills that are due their office, and to withhold sums from any settlement, judgment, or verdict as may be necessary to adequately protect and compensate Green Physical Therapy. I hereby further give a lien on my case to Green Physical Therapy against any and all proceeds of my settlement, judgment, or verdict which may be paid to you, my attorney or insurance company, or myself as the result of the injuries for which I have been treated or injuries in connection therewith. I direct that any and all sums paid pursuant to this lien will take priority over any payments made to me as a result of this case, to the extent permitted by applicable law.

03 PATIENT'S DIRECT RESPONSIBILITY

I fully understand that I am directly and fully responsible to Green Physical Therapy for all physical therapy and related bills submitted by the practice for services rendered to me, and that this agreement is made solely for their additional protection and in consideration for 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. I also direct the appropriate insurance carrier to make available separate checks payable to Green Physical Therapy should Dr. Chaya S. Green, Dr. Mendel Romanenko, or any authorized representative of Green Physical Therapy make such a request.

04 PATIENT RESPONSIBILITY AFTER TWO YEARS

I understand that if this case remains unresolved more than two (2) years from the date of this lien agreement, I am directly responsible for paying any outstanding balance to Green Physical Therapy, regardless of the status of my case or the receipt of settlement or judgment proceeds. Such payment shall be made within thirty (30) calendar days of the expiration of the two-year period, and I agree to cover all collection costs, including attorney's fees, arbitration fees, and court costs, to the extent permitted by applicable law, should I fail to remit payment within this timeframe.

05 CHANGE OF ATTORNEY & ASSIGNMENT OF PROCEEDS

I agree to promptly notify Green Physical Therapy of any change or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney. If my attorney discontinues representation for any reason, or if this lien is not returned to Green Physical Therapy signed by the client's attorney, I acknowledge and agree that I have executed and granted Green Physical Therapy an irrevocable assignment of proceeds, to the extent permitted by applicable law.

PATIENT SIGNATURE	DATE
ATTORNEY SIGNATURE	DATE

TO BE COMPLETED BY PATIENT'S ATTORNEY

Attorney's Obligation to Pay Regardless of Settlement

I, the undersigned attorney for the above patient, acknowledge receipt of this lien and agree to honor it. I agree to protect Green Physical Therapy, including Dr. Chaya S. Green, PT, DPT, CDN, CEAS, Dr. Mendel Romanenko, PT, DPT, CDN, and any employee, clinician, therapist, or authorized provider acting on behalf of Green Physical Therapy, and ensure payment of all outstanding balances owed for physical therapy and related services rendered to the patient, subject to the terms of this agreement and applicable law.

In the event no settlement is reached or proceeds are insufficient, I acknowledge the patient's continuing obligation to pay Green Physical Therapy for services provided. Any personal obligation of the undersigned attorney shall be governed by the express terms of this agreement and applicable law.

ADDITIONAL TERMS

01 **Payment Terms.** The undersigned attorney agrees to remit payment for all outstanding balances owed to Green Physical Therapy within ten (10) calendar days of receiving settlement or judgment proceeds, irrespective of whether funds are fully disbursed to the client, subject to applicable law and the terms of this lien.

02 **Interest on Delinquent Payments.** If payment is not made within the specified timeframe, interest at a rate of twenty-nine percent (29%) per annum will accrue on the unpaid balance starting on the eleventh (11th) day following receipt of settlement or judgment proceeds, until the outstanding amount is paid in full, to the extent permitted by applicable law.

03 **Legal Fees and Costs Clause.** In the event the undersigned attorney fails to honor this lien, the undersigned agrees, to the extent permitted by applicable law, to reimburse Green Physical Therapy for reasonable legal fees, costs, and expenses incurred in enforcing the terms of this lien. These expenses may include, but are not limited to, reasonable attorney's fees, arbitration fees, filing fees, and court costs.

04 **Binding Arbitration.** Any dispute arising out of or relating to this lien agreement shall be resolved through binding arbitration to the extent permitted by applicable law. The arbitration shall take place in Nevada. The arbitrator and arbitration service shall be selected by mutual agreement of the parties or, if the parties cannot agree, in accordance with the applicable rules of the selected arbitration service or applicable law. The decision rendered by the arbitrator shall be final and binding to the extent permitted by law. The costs of arbitration, including the arbitrator's fees, shall be allocated as determined by the arbitrator and applicable law.

SIGNATURES

PATIENT SIGNATURE	DATE

SIGNATURE OF PARENT / LEGAL GUARDIAN (if applicant is a minor)

ATTORNEY'S SIGNATURE	DATE

ATTORNEY'S NAME (Printed)	ATTORNEY'S FIRM NAME

ATTORNEY'S PHONE	ATTORNEY'S EMAIL