



**The Center of Medical Arts**  
Physical Therapy

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**ATTORNEY LIEN**

Attorney Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Accident \_\_\_\_\_

This agreement is made between The Center of Medical Arts, LLC, (CMA) Physical Therapy, Patient (named above), and Attorney (named above). CMA Physical Therapy will have a lien on all claims and causes of action of Patient regarding accident dated above and on all proceeds of any recovery, whether by settlement, arbitration award, or court judgment. The lien will secure payment of all amounts now or hereafter owed by patient to CMA Physical Therapy for physical therapy/physical medicine/wellness or any service directly rendered to Patient out of such accident. Patient hereby directs Attorney to honor the lien and to pay funds secured directly to patient no later than 30 days\* after the proceeds of any recovery are received by Attorney.

Attorney acknowledges notice of the lien herein by Patient and CMA Physical Therapy and will honor the lien by paying funds secured directly to CMA Physical Therapy no later than 30 days\* after the proceeds of any recovery are received by Attorney.

The undersigned, understands fully the limited nature of this lien, and by signature agrees to its provisions completely and instructs all other parties, and agents thereof, to comply with same.

*\*After 30 days a 1.5% interest rate will be added to the outstanding balance (18% annually).*

\_\_\_\_\_  
*Patient (Print)*

\_\_\_\_\_  
*Patient (Signature)* \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*Attorney (Print)*

\_\_\_\_\_  
*Attorney (Signature)* \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*Witness/Facility representative (Print)*

\_\_\_\_\_  
*Witness/Facility representative (Signature)* \_\_\_\_\_  
*(Date)*