



1408 Greenway Ct. Sanford • Sanford, NC 27330 • Phone: 919-708-7220 • Fax: 919-708-7240

www.performancerehabnc.com

**Performance Rehabilitation Corporation Lien Agreement**

**To: Attorney/Insurance Carrier:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re: Patient Records/Physical Therapy's Account Lien Agreement**

I do hereby authorize Performance Rehabilitation to furnish you, my attorney/insurance carrier with a full report of my case history, examination, diagnosis, treatment and prognosis in regards to my accident/illness which occurred/began on \_\_\_\_\_.

I hereby give a lien to Performance Rehabilitation on any settlement, claim, judgment, or verdict as a result of said accident/illness. Also authorize and direct you, my attorney/insurance carrier to pay directly to Performance Rehabilitation such sums as may be due for services rendered to me, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect Performance Rehabilitation adequately.

I fully understand that I am directly and fully responsible to Performance Rehabilitation for all physical therapy bills submitted by them for services rendered to me, and that this agreement is made solely for Performance Rehabilitation's additional protection and in consideration of their awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, or verdict by which I may eventually recover said fee.

\_\_\_\_\_ We elect to not file the patient's health insurance because liability insurance is primary and their health insurance is the secondary payer.

\_\_\_\_\_ The patient has no health insurance.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above undersigned, being attorney of records or authorized representative of insurance carrier for the above patient does hereby acknowledge receipt of the above lien, and does agree to honor the same and protect adequately said above named clinic to the extent allowed by NCGS Section 44-49 & 50.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_