

MOVEMENT ORTHOPEDICS

GET BACK TO IT.

43475 Dalcoma Dr., Suite 250, Clinton Township, MI 48038 | (586) 436-3785 |

movementortho.com

MEDICAL LIEN

TO: Firm Name _____
Address _____
Attorney _____
RE: Client/Patient _____

I do hereby authorize Movement Orthopedics to furnish my attorney, _____, with the full billing and medical records and reports of the examination, treatment, prognosis, etc., of myself in regard to the accident or another incident in which I was involved, occurring on or about _____.

I hereby give a lien to Movement Orthopedics on any settlement, claim judgment or verdict as a result of said accident, and authorize and direct you, my attorney, to pay directly to Movement Orthopedics for services rendered to me and to withhold such sums from such settlement, claim, judgment or verdict as may be necessary to protect Movement Orthopedics full outstanding/incurred medical bill.

I fully understand that I am directly and fully responsible to Movement Orthopedics, and all medical bills for services rendered to me by Movement Orthopedics. This agreement is made solely for Movement Orthopedics additional protection and in consideration of awaiting payment.

Date

Patient's Signature

I, the undersigned, being attorney of record for the above patient, do hereby acknowledge receipt of the above lien and do agree to honor and protect the same.

Date

Attorney's Signature

43475 Dalcoma Dr., Suite 250
Clinton Township, MI 48038

36555 26 Mile Rd., Suite 2400
Lenox, MI 48048

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