



Patient Name

Date

**PATIENT ASSIGNMENT OF PROCEEDS TO PAY
PHYSICAL THERAPY MEDICAL SERVICES**

As consideration for physical therapy services received, I hereby irrevocably assign to Focus Physical Therapy, Inc. (herein after referred to as "Focus") out of the proceeds that would otherwise be payable to me out of any settlement, judgment or other recovery from my claim for personal injuries such sums sufficient to pay in full all amounts I owe to Focus for my physical therapy care for those injuries.

I direct my attorney _____
to pay Focus directly out of the proceeds of any settlement or recovery, after paying attorney fees and costs and any valid hospital lien, any and all amounts I owe to Focus for physical therapy care provided for my injuries. I understand that this means that before any proceeds are paid to me my attorney will pay directly to Focus the amount necessary to pay any outstanding amount I owe Focus for my physical therapy care. I further agree not to rescind this agreement and instruct my attorney not to honor any attempt by me to rescind this agreement.

I understand and agree that I am directly and fully responsible to pay Focus for all physical therapy services provided to me. I am entering into this agreement to provide Focus additional protection for payment of my outstanding bill and in consideration of Focus' forbearance of immediate payment. I also understand that in the event that I do not receive a settlement or recovery in my personal injury case, or if the amount is not enough to pay all fees, costs and outstanding bills, I am still personally responsible to pay Focus for all amounts I still owe.

If my balance reaches \$5,000 I agree to make payment in full for each visit so that my outstanding balance does not exceed \$5,000. If my case has not been settled at the time of my discharge from therapy, I agree to make additional monthly payments of a minimum of \$35 or 8.5% of the balance, whichever is greater, to Focus until such time as my case has been settled or until the balance of my bill has been paid in full.

Both patient and attorney are required to sign:

Patient Signature

Date

Printed Name

Drivers' License #/State

As the attorney of record for the above patient, I agree to observe the terms of this agreement and to act in accordance with the agreement between Focus and my client by paying Focus directly from the proceeds of any settlement, judgment or recovery that patient is entitled to receive after attorney fees and costs and any valid hospital liens are paid.

Attorney Signature

Date

Attorney Address

Phone

Please date, sign and return original to:

Focus Physical Therapy, Inc.
901 NW Carlon Avenue, Suite 3
Bend, OR 97701
541-312-5256 FAX