

Scanlon Physical Therapy, Inc.

722 Centre Street

Jamaica Plain, MA

P: (617) 522-5550

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Assignment, Release, Lien

I hereby authorize my insurance carrier to pay directly to Scanlon Physical Therapy, Inc. any and all bills resulting from my motor vehicle accident or work of related injury of _____ . I further acknowledge that I am personally responsible for any unpaid balance which is not covered by insurance. Pursuant to M.G.L Chapter 111 Section 70A, kindly note my lien against settlement. I further authorize and instruct any attorney who may represent me in the above action to disburse from the proceeds of the settlement thereof all funds necessary to satisfy any outstanding balance due on my account at the time of the settlement. Said disbursement shall take precedence over any and all proceeds directly to me from the settlement.

Sign: _____ Date: _____