



Boulder Therapeutics, Inc.

303-444-1171 phone

303-258-7425 fax

www.bouldertherapeutics.com

Boulder ♦ Broomfield

MESSAGE THERAPIST'S LIEN:

TO: Attorney/Insurance Carrier:

Massage Therapy Clinic:

Boulder Therapeutics, Inc.

RE: Patient Records and Massage Therapist's Lien

I do hereby authorize the above Massage Therapy Clinic to furnish you my attorney/insurance carrier, with a full report of my case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident/illness which occurred/began on _____(date of injury).

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

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

Patient's Printed Name: _____

Patient's Signature: _____ Date: _____

Attorney/Insurance Carrier

The undersigned, being attorney of record 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 to protect adequately said above named Massage Therapy Clinic:

Attorney Signature: _____ Date: _____

Please date, sign, and return one copy to Massage Therapy Clinic to verify receipt. Keep one copy for your records.

BOULDER

BROOMFIELD