



Recesso Physical Therapy, LLC
11 Garden Road, Plaistow, NH 03865
Ph(603)382-3336 Fax (603) 382-3633

1 Titcomb Street, Newburyport, MA 01950
Ph (978) 604-5609 Fax (978) 655-7579

Worker's Comp / Auto Insurance Information

Please Check:

Auto Worker's Comp

Insurance Co: _____ Claim#: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Adjuster: _____ Phone: _____

Lawyer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby agree to notify Recesso Physical Therapy, LLC if I retain an attorney in regard to my accident/illness dated _____ if I have not already done so.

Initials: _____

I do hereby Recesso Physical Therapy, LLC to furnish you, my attorney/insurance carrier with a full report of the case history, examination, diagnosis and treatment of myself in regard to my accident/illness which occurred/began on _____.

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

Upon default the undersigned agree to pay all reasonable attorney's fees and costs of collection to the extent permitted by law.

Date: _____ Patient: _____

Address: _____

Witness: _____ Date: _____

The undersigned, being attorney of record or authorized representative of the insurance carrier for the above patient does hereby acknowledge receipt of the above lien, and does agree to honor the same to protect adequately Recesso Physical Therapy, LLC. Said amounts to be withheld and paid shall include all medical payment benefits, which are available to the patient because of a motor vehicle or liability insurance policy.

Date: _____ Attorney: _____