



SELECT MEDICAL SPECIALISTS

5395 Ruffin Rd. Suite 201 San Diego, CA 92123 PHONE: (858) 560-0242 FAX: (858) 560-1974

LIEN AGREEMENT

I, \_\_\_\_\_ do hereby agree and consent to a lien in favor of Select Medical Specialists. My case arising from the accident of \_\_\_\_\_ any balance due and owing for the aforementioned case received by me is to be paid directly from any settlement of award monies at such time as the case is settled or an award is made. This does not relieve me of the responsibility of making regular payments to Select Medical Specialists for David M. Kupfer M.D., Joshua Matthews M.D. or Joshua S. Pal M.D. until settlement is reached or an award is made, nor does it relieve me of direct, personal responsibility for all medical bills submitted by Select Medical Specialists for services rendered to me.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ Attorney for \_\_\_\_\_ hereby agree to the provision of this lien, and will cause direct payment to be made to Select Medical Specialists for David M. Kupfer M.D., Joshua Matthews M.D. or Joshua S. Pal M.D. for their services from any settlement or award monies under my control at such time as this matter is settled or an award is made.

At no time does this Agreement designate David M. Kupfer M.D., Joshua Matthews M.D. or Joshua S. Pal M.D. as Expert Witnesses. Assignments as Expert Witnesses will be done under separate review and contract.

Attorney Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out and **fax** to the number above or **scan and email** to [mlopez@davidkupfermd.com](mailto:mlopez@davidkupfermd.com)