

This form applies to one who has a  
Insurance claim. Please print. Next, Fill  
in. The “to:” line pertains to the  
insurance company name and address.  
The “for:” line pertains to yourself as  
well as “ss#”, “DOB” (date of birth) and  
“DOA”( date of accident). Lastly, sign  
and we will fax it to your attorney for  
them to sign.





**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Re:** Evaluative reports and Physical Therapy Clinic's lien

**For:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Claim#** \_\_\_\_\_ **D.O.A.** \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize Scott Hollier, Inc. Physical Therapy to furnish you, \_\_\_\_\_, with a full report of his examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident/ injury in which I was involved.

I do hereby authorize and direct you, \_\_\_\_\_, to pay directly to Scott Hollier, Inc., such sums as may be due and owing them for physical therapy services rendered me by reason of this accident for which I have been treated for in connection therewith.

I fully understand that I am directly and fully responsible to Scott Hollier, Inc. for all therapy bills submitted by him for services rendered me and that this agreement is made solely for said Scott Hollier, Inc. Physical Therapy Clinic's additional protection.

**Dated:** \_\_\_\_\_ **Patient Signature:** \_\_\_\_\_

The undersigned being insurance company of record for the above patient does hereby agree to observe all the terms of the above and agrees to pay directly sums submitted to you from Scott Hollier, Inc. for services rendered. (From Med-Pay, Settlement, Judgment, Etc.)

**Dated:** \_\_\_\_\_ **Insurance Company:** \_\_\_\_\_

**(Please date, sign and return one copy to the clinic. Thank You.)**