

Arizona Hand Center & Physical Rehab (AHC&PR)

Healthcare Provider Release from Liability & Authorization

I, the undersigned, desire to obtain treatment and services from AHC&PR.

Attorney acknowledges notice of the lien herein by Patient and AHC&PR and will honor the lien by paying funds secured directly to AHC&PR no later than 30 days* after the proceeds of any recovery are received by Attorney.

The undersigned, understands fully the limited nature of this lien, and by signature agrees to its provisions completely and instructs all other parties, and agents thereof, to comply with same.

**After 30 days a 1.5% interest rate will be added to the outstanding balance (18% annually).*

Patient (Print)

Patient (Signature)

(Date)

Witness/Facility representative (Print)

Witness/Facility representative (Signature)

(Date)

*Arizona Hand Center & Physical Rehab
3108 Clearwater Dr Ste B2
Prescott AZ 86301*

