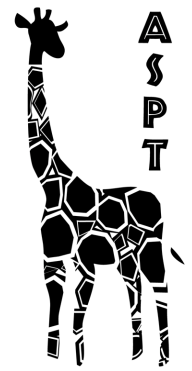


ADVANCED SPINE PHYSICAL THERAPY



Drake Professional Park • Drake Terrace
343 West Drake Road, Suite 102
Fort Collins, CO 80526
Phone: (970) 204-9635
Fax: (970) 204-9730
www.advanced-spine.com

LIEN & SECURITY AGREEMENT

- Responsibility for Payment.** You have provided and/or will provide medical services to me. In reliance on this agreement, you are willing to extend the time for me to pay you for medical services rendered or to be rendered. Nevertheless, I understand that if I do not recover on any claim I am asserting as a result of my accident/injuries I will remain directly responsible to pay you for such services.
- Lien & Security Agreement.** In consideration for your awaiting payment for medical services rendered, I grant you a lien against and a security interest (under Article 9 of the Colorado Uniform Commercial Code) in any claim I may have arising from my accident/injuries, together with and direct my attorney to pay to you all sums (including interest) which may then be due to you prior to disbursing any funds to be due to you. I further expressly waive and release any claim of exemption I may otherwise have under federal or state law with respect to the referenced proceeds.
- Remedies.** If I default under this Agreement, you will have all rights and remedies of a secured party under the Colorado Uniform Commercial Code as well as all other rights and remedies available at law or in equity. Additionally, I will pay all of your costs and reasonable attorney's fees incurred as a result of my default.

Dated: _____

Patient's Name: _____
(Please Print)

Patient's Social Security Number: _____

Patient's Signature: _____

As attorney of record for the referenced patient, I acknowledge and agree to observe the above-referenced provisions. I understand that you are relying on this Agreement and my acknowledgment in extending the time for the patient to pay you for your medical services. If I receive proceeds of any settlement, judgment or verdict relating to the patient's claim then, prior to disbursing any such proceeds to the patient or paying my attorney's fees, I agree to immediately make direct payment to you of all sums (including interest) then due from the patient.

Attorney's Name _____

Attorney's Signature _____

Address: _____

Dated: _____

Phone # _____

PLEASE RETAIN FOR YOUR RECORDS