



mti physical therapy
 PROVIDING ONE-TO-ONE CARE

CONTRACTUAL GUARANTEE OF PAYMENT FOR HEALTH CARE SERVICES

The undersigned, _____ (the "Patient") hereby instructs you as my attorney to pay directly to Manual Therapy International Professional Services, PLLC, DBA: MTI Physical Therapy, (the "Medical Care Provider") at the address stated below all monies owed to the medical care provider for services rendered by the provider for my benefit in connection with or as a result of a motor vehicle accident, including interest accrual thereon commencing sixty (60) days from the date such monies are due at a rate equal to the lesser of: (i) twelve percent (12%) per annum; or (ii) the maximum rate permitted under law. I hereby authorize my attorney and involved insurance companies to withhold such monies from any settlement, judgment or verdict as may be necessary to adequately protect said provider or his/her office. Furthermore pursuant to Chapter 60.44 of the Revised Code of Washington, as amended, I hereby further consent to a lien being filed on my case by the provider or his/her office against all proceeds of the settlement, judgment or verdict which may be paid to me or to you as my attorney as a result of the injuries sustained by me in the motor vehicle accident and treated by the provider together with the interest accrual stated above.

I agree to never rescind this document and that any attempted rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney shall honor this Contractual Guarantee of Payment for Health Care Services as inherent in the settlement and enforceable upon the case as if it were executed by him/her.

I understand that I am directly and fully responsible to said provider or his/her office for all health care bills submitted by him/her for services rendered me. Further, this agreement is made solely for said provider's additional protection and in consideration of his/her forbearance on payment. I understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover damages. Also, I understand that my responsibility to pay MTI Physical Therapy's bill is independent and separate from MTI Physical Therapy's right to file lien to protect its financial interest under RCW 60.44.

I specifically request my attorney to acknowledge this letter by signing below and returning it to the provider's office. I have been advised that if my attorney does not wish to cooperate in protecting the provider's interest, the provider will not await payment, but will require me to make higher monthly payments to pay off my balance in full.

I agree to comply with one of the following payment plans **during treatment**:

- \$10 per visit
- \$15 per visit
- \$25 per visit

I also agree to comply with one of the following payment plans **after treatment**:

- \$40 per month
- \$75 per month
- \$100 per month

Patient Signature: _____ Print Name: _____
 Date: _____ Social Security Number: _____ Driver's License Number: _____

The undersigned, being attorney of record for the above patient, does hereby agree to observe all the terms of the above, and agrees to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said provider named above.

Attorney Signature: _____ Print Name: _____
 Date: _____ Address: _____ Phone: _____

Please date, sign and return original to:

MTI Physical Therapy
 Attn: Billing Office
 1560 140th AVE NE STE 100
 Bellevue, WA 98005