



INNER SERENITY BODYWORKS  
 LYNNE ALSTON LMT MA-15660  
 105B WEST MAIN SUITE 112  
 PUYALLUP, WA 98371  
 253-640-3155

Client: \_\_\_\_\_

Case #: \_\_\_\_\_

## LIEN

I hereby authorize Lynne Alston L.M.T. to share information with my attorney regarding my case, reports, examination, treatments, prognosis etc. as requested by my attorney.

I hereby authorize my attorney to pay Lynne Alston L.M.T. directly for services rendered to me and any other bills due regarding my case and to withhold such sums from any settlement or judgment to adequately protect my LMT.

I hereby give a lien on my case to Lynne Alston LMT against any and all settlements, judgments or verdicts, which may be paid to my attorney or myself as a result of injuries for which I have been treated.

In the event that I should change attorneys regarding this case, I hereby instruct the new attorney to honor this lien as inherent to the settlement and enforceable upon the case as if he executed it.

I understand that I am fully responsible to Lynne Alston LMT for all medical bills submitted by her for services rendered to me, and that this agreement is made solely for the LMT's protection and in consideration of this awaiting payment.

I further understand that payment is not contingent on settlement, judgment or verdict.

I request that my attorney acknowledge this agreement by signing below and returning it to the LMT's office. I have been advised that I will be required to make payment on a current basis if the attorney will not protect the LMT's interest.

Date \_\_\_\_\_ Client's signature \_\_\_\_\_

The undersigned attorney of record for above mentioned hereby agrees to observe all items of the above and agrees to withhold such sums for any settlement, judgment, or verdict as may be necessary to adequately protect the LMT named above.

Date \_\_\_\_\_ Attorney's signature \_\_\_\_\_