

STAR Rehabilitation

Healthcare Provider Release from Liability & Authorization

I, the undersigned, desire to obtain treatment and services from [COMPANY NAME].

Attorney acknowledges notice of the lien herein by Patient and [COMPANY NAME] and will honor the lien by paying funds secured directly to [COMPANY NAME] 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)

[COMPANY NAME AND ADDRESS]