Boston Sports Medicine

NOTICE OF LIEN PURSUANT TO
M.G.L. c. 111, Section 70A-70C

Patient Name: _____ **Date of Loss:** _____

Boston Sports Medicine, Inc., P.O. Box 322, Allston, MA 02134, hereby gives notice of its exercise of lien pursuant to M.G.L. c.111, section 70A-70C.

This lien is for Physical Therapy services rendered to the above-named patient for injuries resulting from an accident on the date indicated above.

This lien applies to any amount due which may hereafter become payable to the injured person, or to his/her heirs or representatives, out of the total recovery or recoveries collected, or to be collected whether by judgment, settlement or compromise, from the allegedly liable person or the insurance company involved or from the Personal Injury Protection (PIP) Benefits, if available, or from any other source, including any and all Bodily Injury Settlement, award, or compromise available under any applicable insurance policy.

In the execution of this lien, Boston Sports Medicine, Inc. is extending credit to the above named patient for services rendered. Interest in the amount of 1.5% per month on the outstanding balance will be added to the patient's account until the balance is paid in full.

Upon receipt of a written request mailed by certified mail, return receipt requested, from any person hereby notified, Boston Sports Medicine, Inc. will furnish such person with a certified itemization of statement of all charges for services rendered.

Signature: _____ **Date of Loss:** _____

HEALTH BENEFIT AFFIDAVIT

In accordance with Chapter 273 of the Acts of 1988, we are now required to obtain information regarding other health benefits (HMO, Medicare, health insurance, etc.) available to you before we can process your claim for Personal Injury Protection Benefits (P.I.P.).

Any medical expenses in excess of $2000.00 will not be paid under P.I.P., if those expenses will be compensated, paid, or indemnified by an outside insurance carrier (HMO, Medicare, health insurance, etc.). Bills submitted for payment over the $2000.00 limit, must be accompanied by a statement from your health carrier as to their reason for non-payment.

If you have other benefits available to you, please complete section below.

Benefits Information:

- Primary Health Insurance Company: _____

  Policy Number: _____ Policy Holder (if not your policy): _____

- Secondary Health Insurance Company: _____

  Policy Number: _____ Policy Holder (if not your policy): _____

Signature: _____ **Date of Loss:** _____

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1st Floor
Allston, MA 02134
Ph: 617-787-8700
Fx: 617-787-8106

14 McGrath Hwy
At Gold's Gym
Somerville, MA 02143
Ph: 617-623-6300
Fx: 617-623-4224

36 Arlington Street
at Super Fitness
Watertown, MA 02472
Ph: 617-926-2300
Fx: 617-926-5886

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