

DOCTOR'S LIEN

To:

Patient:

Date of Injury:

I hereby authorize the Dr. at Good Vibrations Chiropractic to furnish, you, my attorney with a full report of my exam findings, diagnosis, treatment, etc., in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay to the Dr. such sums as may be due and owing them for all services rendered to me by reason of this accident and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate the Dr., and I hereby allow this lien against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself, as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to the Dr. for all medical/chiropractic services rendered me and that this agreement is made solely for their protection and in consideration of their office awaiting payment for any unpaid balance owing for services rendered to me. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover.

I agree to promptly notify the Dr. of any change or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

Please acknowledge your agreement to this request by signing below and returning it to the aforementioned provider within 5 days of receipt. I have been advised that if you do not wish to cooperate in signing and returning this lien, the Dr. will not await payment but may declare the entire balance immediately due and payable by me.

Date

Patient's Signature

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 and fully compensate the Dr. Attorney further agrees to issue this payment to the Dr. immediately upon settlement. In the event this lien is litigated, the attorney agrees that the prevailing party will be awarded attorney fees and costs.

Date

Attorney's Signature

Print Name

Please date, sign and return one copy to: