

# DOCTOR'S LIEN

**TO:** Attorney/ Insurance Carrier

Doctor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RE:**

I do hereby authorize the above doctor to furnish you, my attorney/ insurance carrier, with a full report of his case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident/ illness which occurred/ began on \_\_\_\_\_.

I hereby give a lien to said doctor on any settlement, claim, judgment, or verdict as a result of said accident/ illness, and authorize and direct you, my attorney/ insurance carrier, to pay directly to said such sums as may be due and owing him for services rendered to me, and to withhold such sums from such I do hereby authorize the above doctor to furnish you, my attorney/ insurance carrier, with a full report of his settlement, claim, judgment, or verdict as may be necessary to protect said doctor adequately.

I fully understand that I am directly and fully responsible to said doctor for all chiropractic bills submitted by him for services rendered to me, and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, or verdict by which I may recover said fees.

Dated: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

The undersigned, being attorney of record or authorized representative of insurance carrier for the above patient does hereby acknowledge receipt of the above lien, and agree to honor the same to protect adequately said above named doctor.

Dated: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**NOTICE:** Please date, sign, and copy this form.