



DOCTOR'S LIEN

Attorney's Name

Patient/Client's Name

RE: MEDICAL REPORTS & DOCTOR'S LIEN

I do by authorize the treating physician to furnish you, my attorney, with full report of his examination, diagnosis, treatment, prognosis, etc. of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney, to pay directly to the treating physician any and all sums for due medical services incurred by me both by reason of this accident and by reason of any other bills that are due to this office. I also authorize to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor. I hereby further give a lien on my case to said physician against any and all proceeds of any 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 said physician for all medical bills submitted by him for services rendered to me and this agreement is made solely for the said doctor's additional protection in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I agree never to rescind this document and if I try to do so, it will not be honored by my attorney. I further instruct that in the event another attorney is substituted in this matter, the new attorney upon notice shall honor this lien and deem same enforceable as if it were executed by the replacement attorney.

If I am to be advised that my attorney does not wish to cooperate in protecting the physician's interest, the doctor will not await payment but require me to make reoccurring payment arrangements until balance is collected.

Date

Patient's Signature

The undersigned being the attorney of record for the above patient does hereby agree to abide and honor all the terms of this agreement. The attorney of record agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect the above doctor named.

Date

Attorney's Signature

Attorney: Please date, sign and return via fax to the treating physician immediately.