

Chiropractic Health Center

9687 Brookpark Rd.
Parma, OH 44129

Doctor's Lien

I do hereby authorize the doctor to furnish my attorney, with a full report of my examination, diagnosis, treatment, prognosis etc., in regard to the accident in which I was involved.

I hereby authorize and direct my attorney to pay directly to said doctor, such sums as may be due and owing him for medical services rendered to me, by reason of this injury and that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect the doctor. I hereby further give a lien on my case to said doctor, 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.

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

Please acknowledge this letter by signing below and returning to the doctor's office. I have been advised that if my attorney does wish to cooperate in protecting the doctor's interest, the doctor will not await payment, but will require me to make payments on a current basis.

Patient's Signature: _____ Date: _____

Print Patient Name: _____ Date: _____

Parent or Legal Guardian (if minor): _____

The undersigned being attorney record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sum from any settlement, judgment or verdict as may be necessary to adequately protect said doctor named above. Should the attorney client relationship between myself and the above referenced individual be terminated for any reason, I agree to notify the doctor's office immediately by phone and confirm such termination by written correspondence.

In the event that it becomes necessary to hire an attorney for the enforcement of this guarantee and or in the event of default by guarantor, guarantor shall provide for court costs and attorney fees not less than 25% of the balance due on the patient's account in addition to said balance due.

Date: _____ Attorney's Signature: _____

Date: _____ Print Attorney Name: _____

Please date, sign and return to doctor's office as soon as possible.