

NOTICE OF PROVIDER'S LIEN

I do hereby authorize _____ to furnish you with a full report of diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved.

If it is your policy to issue only one check for total settlement amount, I authorize this check to be made payable jointly to myself and Performance Physical Therapy. If not, I hereby authorize and direct you to pay said doctor such sums as may be due and owing him for medical services rendered to me by reason of this accident and by reason of any other bills that are due to his office and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said doctor. And I hereby further give a lien on my case to said doctor against any and all proceeds of my settlement, judgment or verdict which may be paid to your, my doctor, or myself, as a result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directing and fully responsible to said doctor for all medical 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 for his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

In conclusion, I _____, hereby authorize the responsible party to issue payment in full for chiropractic care received in this office, immediately upon settlement of this case directly to:

Patient Signature _____ Date _____

Provider Signature _____ Date _____

Insurance Company Only:

Please confirm your receipt of this lien by signing below and returning a signed copy for our patient records. Thank you.

Signature _____ Date _____

Print Name _____ Title _____