

*Doctors Lien*

I do hereby authorize All American Chiropractic Health Center, Dr. Jessie Smith, 115 S. 15<sup>th</sup>, Suite C, Pocatello, Idaho 83201, to furnish you, my attorney, with a full report of his examination, diagnoses, treatment, prognosis, ect., of myself with regard to the accident which I was recently involved in on \_\_\_\_\_(date).

I hereby authorize and direct you, my attorney, to pay directly to the said doctor such sums as may be due and owing him for medical service rendered my by reason of the above accident and 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 doctor against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself, as a result of the injuries for which I have been treated or in connection herewith.

I agree to never rescind this document and that a recession will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney will honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him or her.

I fully understand that I am fully responsible to the said doctor for all medical bills submitted by him for service rendered me and that this agreement is made solely for the said doctor's additional protection and 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.

Please acknowledge this letter by signing below and returning it to the doctor's office. I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will no wait for payment but declare the entire balance due and payable.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDMENT OF ATTORNEY**

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 the settlement, judgment or verdict as may be necessary to adequately protect said doctor above named. Any settlement of this claim without honoring this assignment/lien will cause you to be responsible to this office for payment. The prevailing party in any litigation resulting from enforcement of this lien shall be entitled to actual attorney's fees and court costs.

Attorney Name: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_