

LIEN FOR DR. KELLY'S CHIROPRACTIC HEALTH CENTER

To: _____

RE: Medical Records and Doctor's Lien

I do hereby authorize Dr. John Kelly and Chiropractic Health Center to furnish you, my attorney/insurance carrier, with a full report of their case history, examination, diagnosis, prognosis and service of/to myself in regard to my accident/illness which occurred/began on _____.

I hereby give a lien to Dr. John Kelly and Chiropractic Health Center 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 Dr. John Kelly/Chiropractic Health Center such sum as may be due and owing them for services rendered me, and to withhold such sums from such settlement, claim, judgment or verdict as may be necessary to pay Dr. John Kelly/Chiropractic Health Center adequately.

I agree never to 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.

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 not await payment but may declare the entire balance due and payable.

I fully understand that I am directly and fully responsible to Dr. John Kelly/Chiropractic Health Center for all just bills submitted by them for services rendered me, and that this agreement is made solely for Dr. John Kelly/Chiropractic Health Center's additional protection and in consideration of their awaiting payment. And I further understand that such payment is not contingent on any settlement, claim, judgment or verdict by which I may eventually recover said fee.

Dated _____ Patient Signature _____

The undersigned attorney of record for the above patient, does hereby agree to observe all of the above terms and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor above named. Attorney further agrees that in the event this lien is litigated, the prevailing party will be awarded attorney's fees and cost.

Dated _____ Attorney's Signature _____

Please date and sign and return to doctor's office.