

Attorney Notice of Practice Lien

Patient Name - _____

Amount of Lien - _____

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

I hereby authorize and direct you, my attorney, to pay directly to said Dr. _____ such sums as may be due and owing Dr. _____ for medical service rendered to me both by reason of this accident and by reason of any other bills that are due the providers office and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate Dr. _____. I hereby further give a lien on my case to said practice 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 injuries in connection therewith.

I agree to promptly notify Dr. _____ of any change or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

Please acknowledge this letter by signing below and returning to Dr. _____.

Dated: _____ Patient Signature: _____

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 any settlement, judgment, or verdict, as may be necessary to adequately protect and fully compensate said doctor above-named. Attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded attorney's fees and costs.

Dated: _____ Attorney Signature: _____