

## NOTICE OF DOCTOR'S LIEN

Patient: \_\_\_\_\_

Date of Accident \_\_\_\_\_

I do hereby authorize Dr. Jinnifer Stephan to furnish you my attorney, with a full report of 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 doctor such sums as may be due and owing her for medical service rendered me both by reason of this accident and by reason of any other bills that are due her office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate 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 the result of the injuries for which I have been treated or injuries in connection therewith.

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

I agree to promptly notify said doctor 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 the doctor's office. I have been advised that if my attorney does not wish to cooperate in protection of the doctor's interest, the doctor will not await payment but may declare the entire balance due and payable.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Patient's 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 fees and costs.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney's Signature

**\*\*Please date, sign and return one copy to the doctor's office. Also keep ne for your records.\*\***