

MEDICAL LIEN

ı.≻ hereby authorize and direc	ct my attorney, to pay directly to such sums as may
be due and owing the provider for the medical service rendered me both by reason of this accident and by reason of any other bills that are due to the provider and to withhold such sums from any settlement, judgment or verdict as may be 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 the provider for service rendered to me and that this agreement is made solely for said doctor's additional protection and in consideration of her 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 fees. 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 attorney(s).	
X	X
Printed Patient's Name	Date of Signature
X	
Patient's Signature	
ACKNOWLEDGMENT OF ASSIGNMENT & LIEN BY 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 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.	
Printed Attorney Name:	Date of Signature
Attorney Signature	
NOTE TO ATTORNEY	
PLEASE SIGN AND RETURN ONE COPY TO THE PROVIDERS' OFFICE; KEEP A COPY FOR YOUR RECORDS	
Print name of Provider	
Signature of Provider	