

(Acupuncture Name) \_\_\_\_\_  
(Address) \_\_\_\_\_  
Tel. \_\_\_\_\_ e-mail: \_\_\_\_\_

## NOTICE OF LIEN

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Company (optional):** \_\_\_\_\_

**Attorney:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

**Attorney's/ Insurance Company's Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Re: Notice of Lien

I do hereby authorize the above to furnish you, my attorney/ claim adjuster, with a full report of his/her examination, diagnosis, treatment, prognosis, Ect.. Of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney, or insurance company to pay directly to said the acupuncturist such sums as may be due and owing to him/her for medical service rendered me by reason of this accident and by reason of any other bills that are due to his/her office and to withhold such sums from any settlement, judgment or verdict with 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 acupuncturist for all medical and/or surgical benefits, including major medical submitted by him/her for service rendered me and that this agreement is made solely for said the acupuncturist's additional protection and in consideration of his/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 fee. If this account is assigned for collection and/or suit, collection costs and/or interest, and/or attorney's fees and/or court costs will be added to the total amount due.

**Patient Name** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Patient's Signature** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Name:** \_\_\_\_\_

### Acknowledgment of Attorney/claim adjuster

The undersigned being the 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 settlement, judgment, or verdict as may be necessary to adequately protect said doctor above named.

**Date:** \_\_\_\_\_ **Adjuster/Attorney's Signature:** \_\_\_\_\_

**Adjuster/Attorney's Name:** \_\_\_\_\_

Adjuster\ Attorney: Please date, sign and return one copy to the above doctor's office at once.