



NOTICE OF DOCTOR'S LIEN

Patient: _____

Date of Accident: _____

CHIROPRACTIC
ACUPUNCTURE
DIAGNOSTIC IMAGING
REHABILITATION

I do hereby authorize **Diagnostic Imaging** to furnish you, my attorney, with a full report of their 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 doctors (group) such sums as may be due and owing them for medical services rendered me both by reason of this accident and by reason of any other bills that are due their office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate said doctors. And I hereby further give a lien on my case to said doctors 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 doctors (group) for all medical bills submitted by them for service rendered me and that this agreement is made solely for said doctors' additional protection and in consideration of their 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.

I agree to promptly notify said doctors 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 doctors' office. I have been advised that if my attorney does not wish to cooperate in protecting the doctors' interest, the doctor (group) 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 doctors 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: _____

Diagnostic Imaging
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