



Doctor's/Attorney Lien

Re: Reports and Doctor's Lien

I, _____, do hereby authorize Dr. Paul S. Tassin (D.B.A. Kenner Chiropractic) to furnish my attorney (or third party payer) with a full report of my examination, diagnosis, treatment, prognosis, etc. regarding my injury.

I further authorize this clinic to submit a "Notice of Health Care Provider Privilege" to any parties involved which states "any moneys paid over to the injured person (myself), attorney, heirs, or legal representative of the injured person, shall be liable to the licensed health care provider having such privilege for the amount thereof". This gives lien on my case to said doctor against any and all proceeds of any settlement, judgment, or verdict and directs my attorney (or third party payer) to pay directly to said doctor such sums as may be due and owed to him for medical services rendered to me by reason of the injury.

I fully understand that I am directly and fully responsible to said doctor for all medical bills for services rendered to me and that this agreement is made solely for said doctor's additional protection. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

Patient's Signature _____ Date _____

Witness' Signature _____ Date _____



Do you have an attorney handling this case? yes no

If yes, please provide his/her address and phone number below.

Name: _____

Address: _____

Phone: _____

Is there an insurance company involved? yes no

If yes, please provide the address, phone number, adjusters name and claim number below.

YOUR INSURANCE:

Name: _____

Address: _____

Phone: _____

Adjuster:

Claim #: _____

Type of Policy: Med Pay Uninsured Motorist

OTHER PARTY INSURANCE:

Name: _____

Address: _____

Phone: _____

Adjuster:

Claim #: _____

Type of Policy: Liability Other
