

## **DOCTORS LIEN & RIGHT TO RECOVERY**

I do hereby authorize Jeffery W. Baker D.C., P.C. d.b.a. BACK to Health Clinic, to furnish you, my attorney, with a full report concerning examination, diagnosis, treatment, prognosis, etc., of myself in regards to the accident/injury in which I was involved.

I do hereby authorize and direct that you pay directly to BACK to Health Clinic such sums as may be due and owing for chiropractic services rendered as a result of this accident/injury and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect BACK to Health Clinic. I hereby further give an irrevocable lien on my case to BACK to Health Clinic 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 understand that I am directly and fully responsible to BACK to Health Clinic for all bills submitted by my doctor for services rendered and that this agreement is made solely for the doctor's additional protection and in consideration of waiting for payment. I further understand that such payment is not contingent on any pending insurance coverage, settlement, judgment or verdict by which I may eventually recover said fee.

If the charges are more than 60 days past due, then I understand and agree to pay interest at the rate of 1.33 percent per month on the unpaid balance until paid.

A copy of this form is considered by me to be as valid as the original. I have been advised that, if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but will require me to make payments on a current basis.

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Patient Name (print)

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Patient Signature

Date

### **For Attorney Use**

Please acknowledge this letter by signing below and returning this letter to BACK to Health Clinic. The undersigned, being my attorney of record for the above patient, does hereby agree to observe all terms above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect the bills of Jeffery W. Baker D.C., P.C. d.b.a. BACK to Health Clinic.

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Attorney Name (print)

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Attorney Signature

Date