

ALPHA OMEGA ACUPUNCTURE & HERBAL CLINIC, INC.
541 W COLORADO ST #303, GLENDALE, CA 91204
TEL : (818)545-7222 FAX : (818)545-9986

NOTICE OF DOCTOR'S LIEN

I do hereby authorize Alpha Omega Acupuncture & Herbal Clinic, to furnish you my attorney, with a full report of the examination, diagnosis, treatment, prognosis, etc, of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney, to pay directly to said doctor/office such sums as may be due and owing him for medical service rendered to me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor. And I hereby further give a Lien on my 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 agree never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for service rendered to me and that this agreement is made solely for said doctor's additional protection and in consideration of his 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.

Please acknowledge this letter by signing below and returning to the doctor's office. I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not wait payment but may declare the entire balance due and payable.

Dated _____ Patient' Signature _____

D.O.A _____ Patient' Name _____

The under signed attorney of record for the above patient does agree to observe all the terms of the above and agree to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect 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.

Dated _____ Attorney's Signature _____

Please date, sign and return one copy to doctor's office. Also keep one copy for your records.
LIEN