

Hands on Health Chiropractic
3500 William D. Tate, Suite 175
Grapevine, TX 76051

NOTICE OF DOCTOR'S LIEN

I hereby authorize and instruct my attorney &/or insurance carrier, _____
_____ to pay **Hands on Health Chiropractic** directly for the full amount of services rendered
by **Hands on Health Chiropractic** in relation to my personal injury treatment arising from my
accident on or about _____
_____ once a settlement or verdict is reached and those funds are made
available or disbursed.

I understand that I am directly and fully responsible for all medical bills incurred at **Hands on Health Chiropractic** for services rendered to me with respect to any personal injury treatment. Further, I understand that I am responsible for the payment of all services rendered by **Hands on Health Chiropractic**, regardless of whether or not I receive any proceeds from any insurance company or third party, and that my obligation and liability to **Your Office Name** is in no way conditioned upon any settlement of verdict.

I agree to promptly notify **Hands on Health Chiropractic** of any changes in my representation or attorney for this accident.

By signing below I acknowledge and agree to this lien in favor of **Hands on Health Chiropractic** the full amount owed for any and all services rendered to me by **Hands on Health Chiropractic**.

I acknowledge that **Hands on Health Chiropractic** is not required to permit me the option to postpone or make payments toward of services rendered, and that it is being done solely as a courtesy. As such, **Hands on Health Chiropractic** may, at any time, seek payment for any and all amounts owed by me while this lien is in force. Additionally, if my attorney fails to acknowledge this lien in favor of **Hands on Health Chiropractic**, the entire balance related to this personal injury treatment is my sole responsibility, and **Hands on Health Chiropractic** may demand payment immediately.

_____ Print Practice Members Name

_____ Practice Member Signature

_____ Date

Acknowledged by Attorney this _____ day of _____, 20 _____

_____ Attorney Signature