

## Doctor's lien

Mahler family chiropractic Center; 1144 Wyoming Ave.; Forty Fort, PA 18704  
(570) 283 -1610; fax (570) 445-3352; info@mahler-chiropractic.com

I hereby authorize and direct you to pay Paul R. Mahler Jr. D.C. Or Wyoming Valley family chiropractic Center, LLC (clinic), also known as Mahler family chiropractic Center, such sums as may be due and owing the clinic for professional services rendered me both by reason of this accident and by reason of any other bills that are due the clinic and to withhold such sums from any settlement, judgments, verdict as may be necessary to adequately protect said doctor and clinic. I hereby give further a lien on my case to said clinic and doctor against any and all proceeds of any settlement, judgments, verdict which may be paid to you, my attorney, or myself as a result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directing and fully responsible to said doctor and clinic for all professional bills submitted by him or services rendered to me and that this agreement is made solely for said doctors and clinic's additional protection and in consideration of his/ her awaiting payment, and further I understand that such payment is not contingent on any settlement, judgments, verdict or by which I may eventually recover said fee. This lien shall be irrevocable until that time that all of the doctors or clinic's bills have been paid in full.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Patient's Name (Print): \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Doctor's Name (Print): \_\_\_\_\_

Attorney's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Attorney's Name (Print): \_\_\_\_\_

Attorney's address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney's fax: \_\_\_\_\_ Attorney's phone: \_\_\_\_\_

This doctor's lien will be fax to your Attorney or sent certified mail and after 10 days of confirmation of receipt unless otherwise informed in writing will be assumed to be in force. It is requested that the Attorney's sign and return either via fax or US mail to the clinic. A photocopy or facsimile of this form will be considered as if it was the original.