



STARKWOOD CHIROPRACTIC

Doctor's Lien and Assignment of Right to Recovery

I do hereby authorize Starkwood Chiropractic Clinic to furnish you, my attorney and/or insurance carrier, with information regarding the accident in which I was involved.

I understand that I am directly responsible to Starkwood Chiropractic Clinic for any and all bills submitted for services. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee. In consideration of not having to immediately pay debt, I hereby assign and convey to Starkwood Chiropractic Clinic a legal and equitable interest in any and all causes of action of rights of recovery. I also understand that a nine percent interest charge will be accrued to any balance held over ninety days until my balance is zero.

I hereby authorize my attorney, and insurance company to pay directly to Starkwood Chiropractic Clinic, that which is owing for professional services as a result of this accident and by reason of any other bills that are due to Starkwood including attorney fees. These are to be withheld from any settlement or judgment I hereby further give a lien on my case to Starkwood Chiropractic Clinic against any and all proceeds of my settlement, judgment or verdict which may be paid to you as result of the injuries for which I have been treated.

I further instruct a separate check to be issued to Starkwood Chiropractic Clinic for services rendered.

I have read this document, I understand it, and I voluntarily agree to be bound by it. I am directing my attorney to protect Starkwood Chiropractic Clinic interest as provided herein.

Patient Name (PRINT)

Patient Signature

Date

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary adequately to protect the said doctor named above.

Attorney Name (PRINT)

Attorney Signature

Date