

Attorney:

Doctor:

Fitness Chiropractic
Jean-Pierre Khreich, D.C.
15132 Bolsa Chica Rd.
Huntington Beach, CA 92649
Phone: 714-898-9631
Fax: 714-969-1287

NOTICE OF DOCTOR'S LIEN

I do hereby authorize **Dr. Jean-Pierre Khreich, D.C.** to furnish you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved on _____.

I hereby authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing him for medical service rendered 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 honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him.

I understand that this agreement is made solely for provider's additional protection and in consideration for the provider awaiting payment and that payment of provider's fees is not contingent on settlement, judgment, or verdict by which the patient may recover said fee. I agree that if no suit on this claim is filed by the attorney during the statutory period provided therefore, that all provider's fees shall become due and payable at the expiration of the statute period.

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 await payment but may declare the entire balance due and payable.

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 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.

Date: _____ Patient's Signature: _____

Date: _____ Attorney's Signature: _____