



HealthSpring
Chiropractic

Kelley Peterson, D.C.
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Patient: _____

Date of Accident: _____

NOTICE OF DOCTOR'S LIEN

RE: MEDICAL REPORTS AND DOCTOR'S LIEN

I do hereby authorize the above doctor to furnish you, my attorney, with a full report of his/her 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 such sums as may be due and owing him/her for medical service rendered me by reason of this accident and by reason of any other bills that are due his/her 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 any settlement, judgment, or verdict, which may be paid to my attorney or myself, as the result of the injuries for which I have been treated, or injuries in connection therewith.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by said doctor for service rendered me and that this agreement is made solely for said doctor's additional protection and in consideration of his/her awaiting payment. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may recover said fee. If payment has not been made on this case within one year from the date that I am released from the doctor's care then I agree to pay the first \$1,000.00 of the doctor's bill within 30 days of demand. If this account is assigned for collection and/or suit, collection costs and/or interest, and/or attorney's fees, and/or court costs will be added to the total amount due.

Dated: _____

Client: _____

Client Signature: _____

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 named above. I further agree to advance to the client the first \$1,000.00 of the doctor's bill at the time it is due if the client is unable to pay at that time pursuant to Rule 4-210(A)(1) of the California State Bar Rules of Professional Conduct.

Dated: _____

Attorney: _____