

# NOTICE OF DOCTOR'S LIEN

Attorney: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor: Mark C.Campbell, D.C.**  
**206 S. Placentia Avenue.**  
**Placentia, CA 92870**  
**(714) 572-8777**

Patient: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

I do hereby authorize MARK C. CAMPBELL, 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 I was recently involved.

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/chiropractic 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, judgement or verdict as may be necessary to adequately protect and fully compensate said doctor. And I hereby further give a Lien of my case to said doctor any and all proceeds of my settlement, judgement, or verdict which maybe 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 directly and fully responsible to said doctor for all medical/chiropractic bills submitted by him for service rendered me and that this agreement is made solely for said doctors additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgement or verdict by which I may eventually recover said fee.

I agree to promptly notify said doctor of any change or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this Lien to any such substituted or added attorney(s).

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.

Dated \_\_\_\_\_  
\_\_\_\_\_  
Patient's Signature

## ACKNOWLEDGEMENT OF ATTORNEY

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, judgement or verdict, as may be necessary to adequately protect and fully compensate said doctor above-named. Any settlement of this claim without honoring this assignment/lien will cause you to be responsible to this office for payment. The attorney further agrees in that in the event this Lien is litigated that the prevailing party will be awarded attorney fees and costs.

Dated \_\_\_\_\_  
\_\_\_\_\_  
Attorney's Signature

Please date, sign and return to doctor's office.