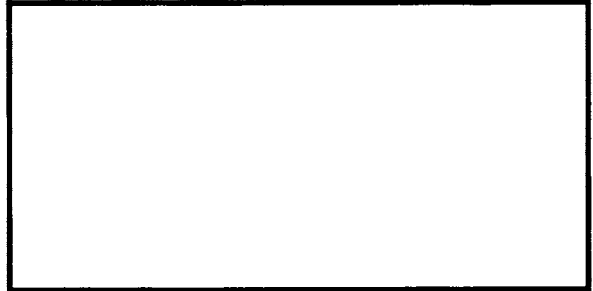


NOTICE OF LIEN

TO: Attorney _____



RE: Medical Reports and Lien

I do hereby authorize the above Health Care Provider to furnish you, my attorney, with a full report of his/her examination, diagnosis, treatment, 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 Health Care Provider 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 Health Care Provider. And I hereby further give a lien on my case to said Health Care Provider against any and all proceeds of any 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 fully understand that I am directly and fully responsible to said Health Care Provider for all medical benefits, submitted by him/her for service rendered me and that this agreement is made solely for said Health Care Provider's additional protection and in consideration of his/her 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. If this account is assigned for collection and/or suit, collection costs and/or interest, and/or attorneys fees, and/or court costs will be added to the total amount due.

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.

Date _____ Patient's Name (Please Print) _____

Dated: _____ Patient's Signature: _____

Witness: _____ Address: _____

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, judgment or verdict as may be necessary to adequately protect 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 prevailing party in any litigation resulting from enforcement of this lien shall be entitled to actual attorney's fees and court costs.

Dated: _____ Attorney's Signature: _____

Attorney: Please date, sign and return one copy to the above office at once.
Reply envelope attached.
Keep one copy for your records.
(Updated)