



## Notice of Doctor's Lien

I hereby authorize Progressive Medical Center to furnish to you my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc. of myself in regard the accident in which 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 services rendered to me both by reason of this accident and by reason of any settlement, judgment, or verdict as may be necessary to adequately protect said doctor. I hereby further give a lien on my case to said doctor against any all process 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, that the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him.

I fully understand that I am directly and fully responsible the said doctor for all medical bills submitted by him for services rendered to me and that this agreement is made solely for the say doctor's additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee and I agree to pay any and all fees owed to Progressive Medical Center, upon demand.

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 n protecting the doctor's interest, the doctor will not await payment but will require me to make payments on a current basis.

Patient Name \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned being the 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 any to pay Progressive Medical Center, within thirty days from receipt of any settlement, judgment, or verdict.

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

Date: \_\_\_\_\_

Please date, sign and return one copy to Stephanie Alvarado at (630) 620-0581 and keep one copy for your records.