



**DOCTOR'S LIEN**

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

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

Date of Loss: \_\_\_\_\_

RE: Medical Reports and Doctor's Lien

I do hereby authorize the **Dr. Philip Seng** to furnish you with a report of his examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was involved.

I hereby authorize and direct you to pay directly to **Dr. Philip Seng** 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 other bills that are due his office and to withhold such sums from settlement, judgment, or verdict as may be necessary to adequately protect **Dr. Philip Seng**. I hereby further give a lien on my case to **Dr. Philip Seng** against any and all proceeds of any settlement, judgment or verdict which may be paid to you or myself as a result of the injuries for which I have been treated or injuries in connection herewith.

I fully understand that I am directly and fully responsible to **Dr. Philip Seng** for all medical bills submitted by him for service rendered to me and this agreement is made solely for said 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.

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

The undersigned 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 **Dr. Philip Seng**.

This lien does not constitute a request or agreement between the parties for the attorney or law firm to act as a collection agency for **Dr. Philip Seng**.

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

Please date, sign and return one copy.  
 Reply envelope attached.  
 Keep one copy for your records.