

Medical Lien

Patient: _____
Date of Injury: _____
Claim Number: _____

I hereby authorize and direct _____ Insurance Company, to pay David deBarros, D.C. such sums as may be due and owing him for medical/chiropractic services rendered me by reason of this accident and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate said doctor which would otherwise be paid to myself, as the result of the treatment charges incurred for injuries in connection therewith.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him/her for services rendered me and that this agreement is made solely for said doctor's protection and in consideration of his/her awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover.

Please acknowledge your agreement to this request by signing below and return to the doctor's office. I have been advised that if you do not wish to cooperate in protecting the doctor's interest, the doctor will not await payment and may declare the entire balance due and payable by me.

Patient Signature: _____ Date: _____

The undersigned insurance company 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 and fully compensate said doctor above named, and make payment payable directly to said doctor.

Insurance Company Representative Signature: _____
Print First and Last Name: _____
Insurance Company Name: _____

Please date, sign and return or fax this copy to doctor's office. Also keep a copy for your records.

deBarros Chiropractic Clinic, P.C.
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