

DOCTOR'S LIEN

DOCTOR: Gustavo H. Marshall, DC

I fully understand that I am directly and fully responsible to Synergy Wellness Clinic, LLC and Gustavo Marshall, DC for all professional bills, submitted by him to third party payers for services rendered to me, that are not reimbursed by the third party payer or in the event that there is no settlement at all from any party.

I fully understand that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment for all the services provided to me. I hereby authorize Synergy Wellness Clinic and its doctor's access to the final settlement statement regarding this personal injury case.

I hereby authorize Synergy Wellness Clinic to furnish my insurance company and attorney with a full report of his examination, diagnosis, treatment, prognosis, etc. of myself in regard to the injury I have sustained from the accident.

I hereby authorize and direct my attorney to pay directly to Synergy Wellness Clinic such sums as may be due and owing to him for professional services rendered me both by reason of this accident and by reason of any other bills that are due to his office.

I hereby give a lien on my case to said doctor against any and all proceeds to any settlement, judgment or verdict which may be paid to my attorney or myself as a result of the injuries for which I have been treated or injuries in connection therewith.

Patient's Signature

Date

Patient's Name

Date of Loss/Accident

The undersigned, being the attorney of record for the above patient, does hereby agree to observe all terms of the above and agree to withhold such sums of money from any settlement, judgment or verdict as may be necessary to adequately protect the said doctor above.

Attorney Signature

Date

Attorney Name