

**WASHINGTON STATE ACUPUNCTURE & CHINESE MEDICINE CENTER**  
**Raymond Chan, LEAMP   Sik Chi Stanley Chan, LEAMP. LMP**  
663 South King Street  
Seattle, Washington 98104  
Tel: (206) 292-9646 / Fax: (206) 292-9650

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***DOCTOR'S LIEN***

TO: ATTORNEY/INSURANCE CARRIER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLAIM #: \_\_\_\_\_

**RE: Patient records and doctor's lien**

I do hereby authorize the above doctor to furnish you, my attorney/insurance carrier with a full report of his/her case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident/illness which occurred/began on \_\_\_\_\_.

I hereby give a lien to said doctor on my settlement, claim, judgment, or verdict as a result of said accident/illness, and authorize and direct you, my attorney/insurance carrier, to pay directly to said doctor such sums as may be due and owing him/her for services rendered me, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect said doctor adequately.

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

DATED: \_\_\_\_\_ PATIENT SIGNATURE: \_\_\_\_\_  
PATIENT NAME (PRINT): \_\_\_\_\_

The undersigned, being attorney or record or authorized representative of insurance carrier for the above patient does hereby acknowledge receipt of the above lien, and does agree to honor the same to protect the above named doctor adequately.

DATED: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_