

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

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: _____