

NOTICE OF DOCTOR'S LIEN

ATTORNEY: _____
ADDRESS: _____

PATIENT: _____
DATE OF INJURY: _____

I do hereby authorize **Daven L. Spencer DC (Spencer Chiropractic LLC)** to furnish you, my attorney, with medical records of their examination, diagnosis, treatment, prognosis, etc., of myself in regard to the incident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to **Daven L. Spencer DC** such sums as may be due and owing for professional services rendered me both by reason of this incident and by reason of any other bills that are due their office in relation to this incident. I authorize you to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect **Spencer Chiropractic LLC** and/or **Daven L. Spencer DC**. And I hereby further give a Lien on my case to **Spencer Chiropractic LLC** and/or **Daven L. Spencer DC** against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself, as the result of the injuries in connection therewith.

I agree never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him.

I fully understand that I am directly and fully responsible to **Spencer Chiropractic LLC** and/or **Daven L. Spencer DC** for all professional bills/claims submitted by their office for services rendered me and that this agreement is made solely for their additional protection and in consideration of their awaiting payment. I understand that **Spencer Chiropractic LLC** and/or **Daven L. Spencer DC** may assess interest on my accounts and I agree to pay the interest in addition to the outstanding principal balance. I understand that the total interest to be assessed will not exceed 24% annually. I further understand that such a payment is not contingent on any settlement, judgment of verdict by which I may eventually recover said fee.

Please acknowledge this letter by signing below and returning to **Spencer Chiropractic LLC** and/or **Daven L. Spencer DC**. I have been advised that if my attorney does not wish to cooperate in protecting the interests of this office, **Spencer Chiropractic LLC** and/or **Daven L. Spencer DC** will not await payment but may declare the entire balance due and payable.

DATED: _____ PATIENT'S SIGNATURE: _____

The undersigned being attorney of record for the above patient 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 **Spencer Chiropractic LLC** and/or **Daven L. Spencer DC** for all services rendered to said patient. I also understand that the patient by signing this lien has already given their permission for you, his/her attorney, to withhold such funds and is therefore legally binding whether signed by you or not.

DATED: _____ ATTORNEY'S SIGNATURE: _____

Please date, sign and return one copy to:

**Spencer Chiropractic LLC
Daven L. Spencer D.C.
1802 Elm St Ste 3
Manchester, NH 03104**

Please also keep one copy for your records.