

# MEDICAL LIEN AGREEMENT

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To: \_\_\_\_\_ (Patient's Name)

To: \_\_\_\_\_ (Patient's Attorney, Law Firm Name)

From: Frederick Family Chiropractic, LLC      Date: \_\_\_\_\_

RE: Medical services rendered to \_\_\_\_\_ for injuries sustained  
in an accident on \_\_\_\_\_

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## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Account Number: \_\_\_\_\_

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## DETAILS OF PERSONAL INJURY CLAIM

Date of Injury: \_\_\_\_\_

Defendant/At-Fault Party: \_\_\_\_\_

Attorney: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

# TERMS OF AGREEMENT

This agreement acknowledges and affirms a lien by ***Frederick Family Chiropractic, LLC*** on any and all proceeds from any settlement, judgment, or verdict obtained by \_\_\_\_\_ (Patient's Name) in their personal injury claim related to the accident on \_\_\_\_\_ (Date of Accident).

In consideration of the medical services provided by ***Frederick Family Chiropractic, LLC***, the undersigned patient and their attorney agree to the following:

## 1. Lien Creation

A lien is hereby created and granted to ***Frederick Family Chiropractic, LLC*** for payment of all medical services rendered to \_\_\_\_\_ (Patient's Name) in connection with the above-referenced accident.

## 2. Direct Payment

\_\_\_\_\_ (Patient's Attorney) is authorized and directed to pay directly to ***Frederick Family Chiropractic, LLC*** from any proceeds of a settlement or judgment an amount sufficient to satisfy the outstanding medical bills.

## 3. Full Responsibility

The patient acknowledges that they are and remain ultimately responsible for all medical bills submitted by ***Frederick Family Chiropractic, LLC***. This agreement is made for the added protection of the provider and to ensure payment, but it does not remove the patient's underlying financial obligation.

## 4. No Settlement without Payment

The patient and their attorney agree not to disburse any settlement or judgment funds until the medical lien of ***Frederick Family Chiropractic, LLC*** is paid in full or otherwise resolved.

## 5. Notice

The undersigned attorney confirms receipt of this lien agreement and acknowledges the obligation to protect ***Frederick Family Chiropractic, LLC's*** interest.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attorney's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This document constitutes a legal agreement between the parties named herein.*