

LIEN AGREEMENT

I hereby authorize and direct you, my attorney, or Insurance company to pay directly to said doctors such sums as may be due and owing him/her for chiropractic service rendered to me both by reason of this accident and by reason of any other bills that are due his/her office and withhold such sums from any settlement, judgement, or verdict as may be necessary to adequately protect and fully compensate said doctor.

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

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him/her for service rendered to me and that this agreement is made solely for said doctor's addition protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgement or verdict by which I may eventually recover said fee. I also fully understand that if payment is not made as agreed upon, (customer, buyer, client, etc.) shall be responsible for any and all interest (**at 1.75% per month or 21% per annum**). All reasonable attorney fees, cost of collection and court costs incurred, in efforts to enforce this agreement.

I hereby authorize my attorney to release *ultimate settlement figures, final disbursement and/or copy of settlement check* regarding my accident/injuries to Aim High Chiropractic.

I agree to promptly notify said doctor on any charge or addition of *attorney(s)* used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this Lien to any such substituted or added attorney(s).

Please acknowledge this letter by signing below and returning it to the doctor's office. I have been advised that if my attorney does not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but may declare the entire balance due payable.

XX

Patient's Signature

Date

Patient's Printed Name

Parent or Guardian's Signature

Date

The undersigned being attorney of record for the above patient does agree to hold such sums for any settlement, judgement or verdict, as may be necessary to adequately protect and fully compensate said doctor and Aim High Chiropractic.

Attorney's Signature

Date

Attorney's Printed Name

Please sign, date and return one copy to doctor's office. Also keep a copy for your records.

AIM HIGH CHIROPRACTIC, PC CLINICS:

945 S Federal Blvd., #B
Denver, CO 80219
303-922-8146

50 S Federal Blvd.
Denver, CO 80219
303-922-2977

1350 Chambers Rd, Ste 103
Aurora, CO 80011
303-577-2040

7200 W 44th Ave
Wheat Ridge, CO 80033
303-423-1925

331 14th St., #208
Denver, CO 80202
720-956-0156