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## Notice of Doctor's Lien

I do hereby authorize Ferguson Family Chiropractic to furnish you, my attorney, with a full report of my examination, diagnosis, chiropractic care, prognosis, etc., in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to Ferguson Family Chiropractic such sums as may be due for chiropractic services rendered me both by reason of the accident and by reason of any other bills that are due to this office and to withhold such sums from any settlement, judgement, or verdict as may be necessary to adequately protect Ferguson Family Chiropractic. I hereby further give a lien on my case to Ferguson Family Chiropractic 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 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/her.

I fully understand that I am directly and fully responsible to Ferguson Family Chiropractic for all chiropractic bills submitted by the office for service rendered me, and that this agreement is made solely for Ferguson Family Chiropractic's additional protection and in consideration of them awaiting payment. I further understand that such payment is not contingent on any settlement, judgement, or verdict by which I may eventually recover said fee.

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

Patient Name (print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Print Name (if patient is a minor): \_\_\_\_\_

Legal Guardian Signature (if patient is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

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, judgement, or verdict as may be necessary to adequately protect Ferguson Family Chiropractic. Attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded attorney fees and costs.

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

Please sign, date and return one copy of this document to Ferguson Family Chiropractic.