

**Freeport • Primary Office**

73 Guy Lombardo Avenue
Freeport, NY 11520
p 516.377.3332
f 516.377.3844

Hicksville Office

111 W. Old Country Road, Suite 101
Hicksville, NY 11801
p 516.934.0380
f 516.934.0381

Doctor's Lien

To: _____

Re: _____

Date of Accident: _____

I hereby authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing him for professional services rendered me both by reasons of accident and by reasons of any other bills that are due his office and to withhold such sum from any settlement, judgment, or verdict as may be necessary adequately to protect said doctor. I hereby further give a lien on my case to said doctor against any and all proceeds of any settlement, judgment, or edict which may be paid to you, my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible for said doctor for all professional bills submitted by him for services rendered me and this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment, judgment, or verdict by which I may eventually recover said fee.

Patient Signature _____ Address: _____

Street

City

State

Zip

Dated: _____

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agree to withhold such from any settlement, judgment, or verdict as may be necessary adequately to protect the said doctor named above.

Dated: _____ Attorney's Signature: _____