

DOCTOR'S LIEN

Benjamin W. Hansen D.C.
1454 Colfax Street
Blair, NE 68008
Ph. (402) 426-3663 Fax (402) 426-5141

I hereby authorize and direct _____ to pay directly to the above doctor such sums as may be due to owing him for professional services rendered me by reason of the accident in which I was involved, and to withhold such sums from any settlement as may be necessary to adequately protect said doctor. I hereby further give a lien on my claim to said doctor against any and all proceeds of any settlement which may be paid to me as the result of the injuries for which I have been treated or injuries inn connection therewith.

I fully understand that I am directly and fully responsible to said doctor for all professional bills submitted to him for service rendered me and that this agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement by which I may eventually recover said fee.

Patient/Claimant Signature _____ Date _____

The undersigned does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement or judgement as may be necessary to adequately protect the doctor named above.

Signature _____ Date _____

For _____

Attn: Please sign, date, and return one copy to doctor's office. (Reply envelope enclosed)
Keep one copy for your records.