

Ease Wellness Chiropractic
210 Bill Kennedy Way SE
Suite 903
Atlanta, GA 30316
(404)566.5247
EaseWellChiro@gmail.com

Insurance/ Attorney Lien

I, _____, hereby authorize Ease Wellness Chiropractic to furnish my attorney and or/ insurance agent with a full report of their examination, diagnosis, treatments, prognosis, etc. of myself in regards to the accident in which I was involved on ____/____/____ in the state of _____.

Therefore, I hereby authorize and direct you, my attorney /and or insurance agent, to pay directly to said chiropractic office, sums as may be due and owed for medical services rendered to me by reason of this accident. I authorize you, my attorney and/ or insurance agent, to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said chiropractic office. I hereby, further give a lien on my case to said chiropractic office against any and all proceeds of my settlement as the injuries for which i have been treated or injuries connected therewith.

I fully understand that I am responsible to said chiropractic office for all medical bills submitted by them for all services rendered to me and that this agreement is made solely for said chiropractic office's additional protection and in consideration of said chiropractic office awaiting payment . I further understand that such payment is not contingent upon any settlement, judgment, or verdict by which I recover said fee.

Patient Signature _____ Date ____/____/____

Witness Signature _____ Date ____/____/____