



CYNERGY

HEALTH & WELLNESS

DOCTOR'S LIEN

TO: Insurance Company _____

CYNERGY CHIROPRACTIC
Dr. David Jones, D.C.
Dr. Alison Millbauer, D.C.
980 Grant Street, Suite 100
Denver, Colorado 80203
Phone (303) 832-3668
Fax (303) 861-1403

PATIENT: _____
CLAIM #: _____
D.O.L.: _____
NAME OF INSURED: _____

RE: Medical Reports and Doctor's Lien

I do hereby authorize the above doctor(s) to furnish you, Insurance Company, with a full report of the examination, diagnoses, prognosis, treatment notes, etc. for the above stated automobile accident in which I was involved.

I hereby authorize and direct you, Insurance Company, to pay directly to said doctor such sums as may be due and owing for medical service rendered me both by reason of this accident and by reason of any other bills that are due to Cynergy Chiropractic Center, Inc. and to withhold such sums from any settlement, judgment, or verdict as any be necessary to adequately protect said doctor(s). And I hereby further give a lien on my case to said doctor(s) against any and all proceeds of any settlement, judgment, or verdict which may be paid to you, Insurance Company, or me as the result of the injuries for which I have been treated in connection therewith.

I fully understand that I am directly and fully responsible to said doctor(s) for all medical bills submitted by Cynergy Chiropractic Center, Inc. for services rendered me and that this agreement is made solely for said doctors' additional protection and in consideration of them awaiting payment.

Dated: _____ Patient's Signature: _____

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

Dated: _____ Insurance Company
Claim Rep. Signature: _____

REP.PRINT NAME: _____

Insurance Company: Please date, sign and return one copy to doctor's office at once.
Reply envelope attached.
Keep one copy for your records.