

EAST COAST SPINE & ORTHOPEDICS, P.C.

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Dr. Steven Schiebert, MD, DO

Doctor's Lien

Name of Patient: _____ D.O.A: _____

I hereby give a Lien to said medical provider on any settlement, claim, judgment, or verdict as a result of said accident / illness, and authorize and direct you, my attorney/insurance carrier, to pay directly to said doctor such sums as may be due and owing my doctor for service rendered me, and to withhold such sums from such settlement, claim, judgment, or verdict as may be necessary to protect said doctor adequately.

I understand that this Lien shall be irrevocable either by me or any other agent that may represent me, that in the event another attorney is substituted in this matter, the new attorney shall honor this lien as inherent to the settlement and enforceable upon the case as if it was executed by him.

I therefore herein further irrevocably create a lien on my assignment with preference of said lien to said medical provider against any and all proceeds from any judgment or verdict which may be paid to you my attorney or myself as a result of the injuries for which I was treated or injuries in connection therewith.

I understand that I am directly and fully responsible to said medical provider for medical bills submitted by him/her for service rendered me, and that this agreement is made solely for said medical provider's additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, claim, judgment, or verdict by which I may eventually recover said fee.

Patient's Name & Address:

Patients Signature:

X. _____

Date: _____

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

Attorney Name:

Attorney Signature:

X. _____

Date: _____

TO THE ATTORNEY: Please sign, date and return one copy to the above-stated medical provider at once, so that treatment can continue on the herein-contained lien basis. Keep one copy for your records for payment or notice requirements.