

Doctor's Lien

I hereby authorize my insurance company or attorney to make direct payments to Dr. Todd Black. These payments will be for the full amount of my bills for services rendered to me at their facility. I also give a lien against any settlements to the aforementioned practice.

Should there be any conflict or dispute with an insurance company or attorney, I hereby authorize the above office to pursue my claim (either in my name, the name of the office, or in both names) using methods deemed appropriate and necessary by a representative of this practice. I hereby give Todd Black, D.C., LLC the power of attorney to sign my name on checks or drafts for payment of my doctor bills.

Notwithstanding the above: **my responsibility is to promptly pay all doctor bills, either at the time I receive my settlement check or as requested by the office.** The above does not indicate that the office must wait for settlement of my claim before payment is to be made.

Also, I authorize the office to release any pertinent records, contained in my file, to my insurance carrier or various attorneys in order to process my claim. A copy of this document shall be as valid as the original and fully authorized until revoked by me in writing.

Patient's Signature: _____
(Parent/Guardian's Signature, if patient is a minor)

Print Patient's Name: _____ **Date:** _____

*** THIS DOCUMENT MUST BE SIGNED AS IS, WITHOUT ALTERATION***

For Attorney Or Claim Representative To Complete:

As attorney of record or claims representative of the insurance company, I hereby recognize the above lien, and I agree that the doctor is to be fully compensated before there is further distribution of proceeds.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Sign and return to: