

**New Tampa Chiropractic & Injury Center
2312 Crestover Lane, Suite 102
Wesley Chapel, Florida 33544**

MEDICAL LIEN

I, _____, hereby authorize and direct my **attorney**, _____, to pay from the proceeds of any recovery made as a result of said injury, and unpaid balance due New Tampa Chiropractic & Injury Center as a result of treatment. I further grant Florida Health and Wellness Centers as specific lien on the proceeds of any settlement or judgment obtained as a result of the injuries to the extent of any sum due them.

In consideration of the agreement, New Tampa Chiropractic & Injury Center agrees to furnish medical treatment to the patient herein named and further agrees to furnish medical reports concerning diagnosis and treatment of said patient upon request. The undersigned attorney for the patient named above does agree to withhold from the result of said injury an amount equal to the full-unpaid balance owed New Tampa Chiropractic & Injury Center. It is further understood that should the net recovery to the client not be sufficient to pay in full the professional services of New Tampa Chiropractic & Injury Center the patient shall remain personally responsible for any excess. The above attorney further agrees to furnish New Tampa Chiropractic & Injury Center with the status of claim of the said patient upon request.

Patient further agrees that if New Tampa Chiropractic & Injury Center is required to obtain an attorney to collect such sums from the patient which are owed for medical services rendered, patient agrees to pay all costs, disbursements, and any attorneys fees and costs if occurred in the collection of such debt for medical services.

Date

Patient Signature

Witness

Date

Attorney's Signature