

**DOCTOR'S LIEN
AND INSTRUCTION TO COUNSEL**

I, the undersigned, hereby authorize **Atlanta Injury Specialist** to furnish my attorney any medical information requested concerning the condition or treatment of injuries sustained by me, my spouse or children, on _____.

In consideration for **Atlanta Injury Specialist** having agreed to treat me without payment at the time of service and enabling me to obtain treatment for my accident/injury/illness, without financial hardship, I give you a lien on any settlement, claim, judgment, verdict or result of said accident/injury/illness and I agree to irrevocably instruct my attorney to pay you in full from any proceeds of settlement, claim or judgement related to this accident/injury/illness.

I also understand that if the settlement does not cover the entire bill at this Clinic, I am still responsible for the remainder and the payment by me of this bill is not contingent on any settlement, claim, or judgement which I may eventually recover.

Furthermore, in consideration for **Atlanta Injury Specialist** refraining from attempting to collect immediate payment for services rendered for my accident/injury/illness, I do hereby waive and toll any applicable statute of limitations on the collection of my account until I notify

Atlanta Injury Specialist the conclusion of my efforts to obtain a settlement or judgement through the assistance of my attorney and for a period of three months thereafter.

Patient Name (Please Print)

Patient Signature

Date

INSTRUCTION TO COUNSEL

I do hereby irrevocably instruct you, my Attorney, named below, to pay **Atlanta Injury Specialist** in full for services rendered to me for my accident/injury/illness from any proceeds of settlement, claim, or judgement regarding said accident/injury/illness. You are to pay

Atlanta Injury Specialist prior to distributing any proceeds to me and I instruct you not to reduce by means of negotiation my doctor's bill for the services that have been provided to me for the accident/injury/illness which I have agreed to pay in full.

Firm Name

Patient Signature

Attorney Name

Date

ATTORNEY'S ACCEPTANCE OF LIEN

Being the attorney of record or authorized representative, I acknowledge receipt of my clients instructions to Counsel and Lien and agree to honor the same.

Attorney Signature

Date

• ATLANTA INJURY SPECIALISTS •
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