



Dr. Josh Caldwell  
UTC Chiropractic  
4445 Eastgate Mall, Suite 120  
San Diego, CA 92122, United States  
+1(858)457-0123  
info@UTCchiropractor.com

### NOTICE OF DOCTOR'S LIEN

Patient: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

I do hereby authorize Dr. Josh Caldwell to furnish you, my attorney, with a full report of his/her examination, diagnosis, treatment, prognosis, etc., of myself in regards to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to Dr. Caldwell such sums as may be due and owing him for medical services rendered me both my reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate Dr. Caldwell. I hereby further give a Lien on my case to Dr. Caldwell against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney, or myself, as the result of the injuries for which I have been treated of injuries in connection therewith.

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

I agree to promptly notify Dr. Caldwell of any change or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

Please acknowledge this letter by signing below and returning to the Doctor's office. I have been advised that if my attorney does not wish to cooperate in protecting the Doctor's interest, the Doctor will not await payment but may declare the entire balance due and payable.

Date: \_\_\_\_\_ Patient's Signature: \_\_\_\_\_

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect and fully compensate said Doctor above-named. Attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded attorney fees and costs.

Attorney Name/Firm: \_\_\_\_\_

Date: \_\_\_\_\_ Attorney Signature: \_\_\_\_\_

Please date, sign, and return one copy to the Doctor's office, as well as a copy for your records. Return to **UTC Chiropractic, 4445 Eastgate Mall, Suite 120, San Diego, CA 92121.**