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Atlanta, GA 30318
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AUTHORIZATION FOR RELEASE OF RECORDS AND PHYSICIAN'S LIEN

RE: Patient Name: _____ Patient DOB: _____

RELEASE OF RECORDS: I do hereby authorize the above office to furnish you, my attorney/insurance carrier, with a full report of his or her case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident /illness which occurred/began on _____ (date of accident or injury).

LIEN ON SETTLEMENT: I hereby give a Lien to said doctor 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.

ASSIGNMENT OF BENEFITS: I further assign my claim or right to compensation for treatment expenses incurred with the doctor/clinic named above arising from a tort or liability claim in connection with this accident or injury.

IRREVOCABLE LIEN: I understand that this Lien shall be irrevocable either by myself or any other agent that represents 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 further understand and agree to notify Back to Basics in writing if I change or terminate attorney/client relationship.

RESPONSIBILITY FOR PAYMENT: I understand that I am directly and fully responsible to said doctor/clinic for chiropractic bills submitted by him or her for service rendered me, and that this agreement is made solely for said doctor'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.

A photocopy or facsimile of this executed instrument shall be considered as valid as the original.

Patient Signature: _____ Dated: _____

The undersigned, being attorney of record or authorized representative of insurance carrier for the above patient does hereby acknowledge receipt of the above lien, and does agree to honor the same to protect adequately the above named doctor/clinic as per Georgia Professional Rules of Conduct 1.15(1)(b). In additional consideration to the above, for executing this lien, the doctor/clinic will provide the attorney with billing summaries and availability to discuss the patient's care on a reasonable basis. The attorney may further protect his or her lien interest for compensation by having a priority status over this lien.

Attorney Signature: _____ Dated: _____