

Timir Bhakta, P.A.
Lien and Authorization
Insurance Benefits and Attorney

Patient Name: _____ Claim #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Insured's Name: _____ Policy #: _____

To Whom It May Concern:

I hereby authorize and direct you my insurance company, liability insurance adjuster, and/or my attorney, to pay directly to: Timir Bhakta, P.A. (which operates in the office location of the Active Chiropractic Group office in Olathe, KS) such sums as may be due and owing this Office for services rendered me, both by reason of accident or illness, benefits, medical payments benefits, No Fault Benefits, workmen's compensation benefits, or any other insurance benefits obligated to reimburse me or from any settlement, judgment or verdict on my behalf as may be necessary to adequately protect said Office. I hereby further give a lien to said Office against any and all insurance benefits named herein, and any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated by said Office.

I understand that I remain personally responsible for the total amounts due to the Office for their services. I further understand and agree that this Lien and Authorization does not constitute any consideration for the Office to await payments and they may demand payments from me immediately upon rendering services at their option. And 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 pay all costs of collection of any balance due this Office, including reasonable attorney's fees. This agreement is made solely for said provider's additional protection in consideration of the Medical Service Provider awaiting payment in this matter.

I authorize the Office to release any information pertinent to my case to any insurance company, adjuster or attorney to facilitate collection under this Lien and Authorization. I agree that the above-mentioned Office be given Power of Attorney to endorse/sign my name on any and all checks for payment of my doctor bill. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him. A photocopy of this Agreement shall be considered as effective and valid as the original.

Signed: _____ Date: _____

Witness: _____

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 said doctor above named.

Signed: _____ Date: _____

****Note to Attorney: If you prefer, please send your acknowledgement of this lien on your letterhead.**