

## **Tirsch & Lowenberg Chiropractic**

### ***Doctors of Chiropractic***

6400 Canoga Avenue, Suite 333

Woodland Hills, CA 91367

(818) 703-8480 Fax (818) 703-9125

## **DOCTOR'S LIEN**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **RE: Medical Reports and Doctor's Lien**

I do hereby authorize Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC to furnish the insurance company, full report of his examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was involved on \_\_\_\_\_.

I hereby agree to pay directly to Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC, sums as may be due and owing him for medical service rendered me both by reason of this accident and by reason of any other bills that are due his office from the settlement, judgment or verdict as may be necessary to adequately protect Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC. And I hereby further give lien on my case to Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC, against any and all proceeds of any settlement, judgment or verdict which may be paid a result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC, for all medical bills submitted by him for services rendered me that this agreement is made solely for Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC additional protection. And I further understand that such payments, which Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC may request, is not contingent on any settlement, judgment or verdict by which I may eventually recover. However should an insurance company settlement be made to me directly, I understand that payment is due and payable immediately. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered me will be immediately due and payable.

If I should decide to acquire an attorney, I agree to inform the attorney that I am being treated by Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC and of the this Lien.

DATE: \_\_\_\_\_

PATIENT'S SIGNATURE : \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

The undersigned being the attorney of record for the above patient does hereby agree to observe all terms of the above and agrees to withhold such sums from any settlement, judgement and or verdict as may be necessary to adequately protect Dr. Jeff Tirsch/Dr. Glenn E. Lowenberg aka TLC.

DATE: \_\_\_\_\_

ATTORNEY'S SIGNATURE \_\_\_\_\_