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**NOTICE OF IRREVOCABLE LIEN AND ASSIGNMENT OF BENEFITS AUTHORIZATION FOR
RELEASE OF TREATMENT RECORDS**

DOCTOR'S LEGAL & EQUITABLE LIEN – ATTORNEY'S ACCEPTANCE

Name of Physician: _____
Patient Name and Address: _____

Name of Insured (PIP): _____ Name of Insured (PIP): _____

Date of Injury/Illness: _____

Name of Insurer(s) (BI): _____ Name of Insurer(s) (BI): _____

Name of Law Office & Attorney: _____

In consideration of the agreement of the Doctor named above to provide me with injury treatment services, I hereby to the extent of my treatment bills irrevocably assign to my Doctor all my right, title and interest to an in all applicable insurance and indemnification reimbursement benefits of applicable insurance companies including but not limited to: automobile PIP (Personal Injury Protection) coverage; Medical Payment Coverage and health care coverage to which I may be entitled to, pay my Doctor for services rendered to treat me on and after the above date in connection with my injury or illness.

I further grant to my Doctor an irrevocable Equitable Lien and an Official Legal Lien under Ch111§70A through Ch111§70D Massachusetts General Laws to and in any insurance benefits that may be due me and I furthermore authorize my Doctor to provide my attorney and any applicable insurance companies involved with a full report concerning my condition and treatment, including but not limited to office notes, dates of visits, and charges incurred.

I hereby authorize and direct any and all applicable insurance companies to make immediate payment directly to my said Doctor for all benefits and sums due me that may be due him or her upon receipt by you of my Doctor's itemized statement for treatment services rendered to me.

It is further agreed that payment by any insurance company involved as herein directed to my Doctor of any itemized statement shall be considered the same as if paid by the insurer directly to me.

I am aware that I remain personally responsible to my Doctor for the full amount off my unpaid treatment bills and further direct any Attorney representing me to withhold from the proceeds upon any final settlement or final disposition of my case an amount equal to that to pay any outstanding unpaid balance of my bills. This includes any balance due as a result of an independent medical exam that discontinued my personal injury protection benefits and/or my medical payment benefit.

Patient's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

AGREEMENT OF ATTORNEY

As an inducement for the Doctor to render services to my client, I hereby agree to honor the above Irrevocable Lien and Assignment and pay the Doctor all sums received by me from the insurers attributable to the Doctor's bills and also agree to pay the Doctor any lawful balance due from the proceeds of any settlement or recovery.

Attorney's Signature: _____ Date: _____

A photocopy of this form can be accepted with the same authority as the original.