

**Instruction: This is a model letter. Adapt to fit your facts and circumstances.**

<date>

<physician>  
<address>  
<address>  
<address>

**RE:** \_\_\_\_\_  
**Patient/Client:** \_\_\_\_\_  
**Date of Accident:** \_\_\_\_\_  
**Our File No:** \_\_\_\_\_

Dear <physician>:

I, <patient>, do hereby authorize <medical facility> and its doctors to furnish my attorney, <name>, with a full report of examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was involved on <date>. In conjunction therewith, I do hereby hold <medical facility> and its employees, associates, and agents free and harmless from any and all liability whatsoever that may arise from the release of such information to the said attorney or any person designated by the said attorney.

I agree and understand that upon my initial visit to for treatment or examination, I am obligated to pay an initial partial payment to and that the balance thereof shall be paid in monthly installments to I fully understand that I am primarily and personally liable for all treatment, examinations, and other medical services performed by anyone in the employ of <medical facility>. I further understand that my liability for payment is not conditioned upon any settlement, judgment, or recovery of monies by me for any such injuries sustained and that my liability to the said for such services rendered is absolute irrespective of whether I am successful in recovering any monies from those responsible for my injuries. I hereby authorize and irrevocably direct my above-named attorney to pay directly to <medical facility> any and all sums as may be due and owing it for medical and medico-legal services (including reports, conferences, appearances, etc.), interest, service charges, and indexing charges rendered to me both by reason of this accident and by reason of any other bills that are due the said <medical facility> for which I am responsible and to withhold such sums from any settlement or judgment effected or entered into on my behalf and to pay the same as heretofore directed. I do hereby assign, transfer, and set over to the extent I am indebted to <medical facility> any and all proceeds of any settlement or judgment effected or entered into on my behalf resulting from any litigation arising out of the aforementioned injuries. By this assignment, I do hereby give <medical facility> a lien on the proceeds thereof.

Patient /Client: <name>

Signature \_\_\_\_\_

## **ACKNOWLEDGMENT OF ASSIGNMENT AND LIEN BY ATTORNEY**

The undersigned, <name>, being the attorney of record involving litigation on behalf of the patient/client mentioned heretofore, does hereby acknowledge receipt of this assignment and lien and agrees to be bound by all the terms and conditions of same and to pay over to <medical facility> any monies due it for services rendered to and on behalf of the said patient/client as described hereinabove after recovery from any settlement or judgment procured on behalf of the patient/client. In the event I am replaced as the attorney in this matter, I agree to notify <medical facility> of the name and address of the new attorney, and I agree also to put the new attorney on notice of this lien. I agree further to provide <medical facility> with the court or arbitrator case number soon after it has become known to me.

Signature \_\_\_\_\_

Name:

Attorney for

<date>