

# Destination Spine Care, LLC

Dr. Robert Elsas, D.C.

205 Kelly Avenue, Fort Walton Beach, FL 32548

Office: (850) 374-8783 Fax: (850) 374-8784

## Doctors Lien

Re: Reports and doctor's lien

I do hereby authorize the above doctor to furnish to you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis etc., of myself in regard to the accident in which I was involved.

I hereby authorize and direct you, my attorney, to pay directly to said doctor such sums as may be due and owing him for medical services rendered to me both by reason of this accident and by reason of any other bills that are due to this office and to withhold such sums from any settlement, judgment, or verdict which may be paid to you, my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection with the accident which I was involved.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for services rendered to me. This agreement is made solely for said doctor's additional protection and in consideration of his awaiting payment. And I further understand that such payment is not contingent on any settlement, judgment, or verdict, by which I may eventually recover said fee.

Patient Name \_\_\_\_\_ Date of Loss \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned, being attorneys of record for the above mentioned patient, does hereby agree to observe all the terms of the above and agrees to withhold such from any settlement, judgment, or verdict as may be necessary to adequately protect the said doctor's name above.

Attorney's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Attorney's Signature: \_\_\_\_\_

NOTICE: Please sign, date, and return to our office  
Keep a copy for your records.  
Thank You!