



...like music to the spine

Doctor's Lien AND Medical Report Agreement

Agency: _____ Elite Healthcare Alliance
Claim#: _____ 6512 Dogwood View Pkwy Suite D
Name: _____ Jackson, MS 39213
Date of Injury: _____ recordsandbilling@ehachiroms.com

I, _____, do hereby authorize and direct _____, my attorney(s) and/or any other attorney(s) authorized by the insurance company, to pay, from the proceeds of any recovery in my case, to Dr. Joseph Clay, D.C at Elite Healthcare Alliance, the reasonable amount owed for professional services rendered in the treatment of injuries sustained by me, my spouse, or my child or children, in an accident or injury which occurred on _____, 20____. Payment shall include professional services heretofore rendered and to be rendered to the time of the settlement or other disposition of the case, including treatment for injuries, and for fees for reports, conferences, depositions, or court testimony.

I understand that this authorization does not relieve me of my personal responsibility to pay all such medical charges or balances. I further authorize Dr. Joseph Clay, D.C. at Elite Healthcare Alliance to furnish my attorneys with any reports they may request in reference to my injuries, (arising out of an accident occurring on _____, 20____) and to allow them to inspect and copy and records, charts, papers or documents pertaining to my medical history and treatment in connection with such injuries.

Date: _____ Signature: _____

-----ATTORNEY, INSURANCE COMPANY, OR BENEFITS PROVIDER ONLY -----

The undersigned being insurance company, benefits provider, or attorney of record for the above patient do hereby agree to observe all the terms of the above and agree to withhold such sums from any settlement, judgment, or verdict as may be necessary to protect said provider named above.

Date: _____ Signature: _____

Date: _____ Signature: _____

Elite Healthcare Alliance
601 987-0067phone

Dr. Joseph Clay, D.C.
www.ehachiroms.com

6512 Dogwood View Pkwy Suite D Jackson, MS 39213
601 987-6722fax