

Renaissance Chiropractic

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RE: Lien against judgments/settlements

I, _____ understand that I am personally responsible for all charges for services provided to me by the physicians and non-physicians of Renaissance Chiropractic and its associates. I instruct my attorney to withhold from any and all judgments or settlements monies owed to Renaissance Chiropractic prior to any distribution of any judgments or settlements to me or other debtors. Any monies owed should be paid directly to Renaissance Chiropractic. I further grant Renaissance Chiropractic a Lien against any judgments or settlements, for any and all services from the first date of services, throughout the pendency of my litigation. I further extended this Lien to any settlements or litigation proceeds, including third party actions for payments of services provided by Renaissance Chiropractic, even if all or part of these services may in theory be covered by a health insurance carrier. It is my understanding, that if at a later time Renaissance Chiropractic receives duplicate payment from a third party for these services, that Renaissance Chiropractic will refund the excess to me.

Date

Patient Signature

I, _____, attorney for the above names patient, agree to comply with the above instructions.

Date

Attorney Signature

Date Received in office ____/____/____