

NOTICE OF PRACTITIONER' S LIEN

Patient: _____

Date of Accident: _____

I do hereby authorize Alaskan Natural Care, Inc., to furnish you, my attorney, with a full report of his/her examination, diagnosis, treatment, prognosis, etc., of myself in regard to the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to said practitioner such sums as may be due and owing Alaskan Natural Care Inc. for medical service rendered me both by reason of this accident and by reason of any other bills that are due said office and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate said practitioner. And I hereby further give a Lien on my case to said practitioner against any and all proceeds of my 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 therewith.

I fully understand that I am directly and fully responsible to said practitioner for all medical bills submitted by him/her for service rendered me and that this agreement is made solely for said practitioner' s additional protection and in consideration of his/her 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.

I agree to promptly notify said practitioner of any changes or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

Please acknowledge this letter by signing below and returning to Alaskan Natural Care, Inc.. I have been advised that if my attorney does not wish to cooperate in protecting the practitioner' s interest, the practitioner will not await payment but may declare the entire balance due and payable.

Dated

Patient' s Signature

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate the practitioner above-named. The attorney further agrees that in the event this lien is litigated that the prevailing party will be awarded attorney fees and costs.

Dated

Patient' s Signature

Please date, sign, and return one copy to Alaskan Natural Care, Inc, 9693 N. Little Otter Dr., Anchorage, AK 99645. Also keep one copy for your records.