

Family Care Associates of Effingham, S.C.

1106 N. Merchant St., P.O. Box 665

Effingham, Illinois 62401

217-342-7000

Notice of Claim of Lien for Medical Services

Notice is hereby given that Family Care Associates of Effingham, S.C.; a licensed health care provider, has performed services for _____.

(patient name)

Services in the amount of \$_____ were rendered and necessary to said patient as a

result of injuries/illness which occurred at _____ on

(location)

_____, through the fault of _____, whose

(date)

address is _____, phone _____, and

who is insured by _____.

Agent: _____

Address: _____

Phone: _____

If you were in a motor vehicle accident, were you the driver or passenger? _____

I do hereby authorize Family Care Associates of Effingham, S.C. to provide you, my attorney/insurance carrier, with a full report of this case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident/illness.

I hereby give a lien to this practice on any settlement, claim, judgment, or verdict as a result of said accident/illness and authorize and direct you, my attorney/insurance carrier, to pay directly to said practice such sums as may be due and owing him for services rendered me and to withhold sums from such settlement, claim, judgment, or verdict as may be necessary to protect said practice adequately.

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

Name _____

Signature _____

Date _____

Colleen Bingham, M.D. Michael G. Brummer, M.D. Jeffrey K. Brummer, D.O.
Jeffrey G. Crowell, M.D. Thomas Heischmidt, M.D. Amanda Bierman, M.D.