

## Diligent Medical Massage,LLC Medical Lien Agreement

Elizabeth Dodd,LMBT

105 N. Castle Dr

New Bern, NC 28562

252-514-1616

elizabeth@diligentmedicalmassage.com

Attorney Firm	Name *		
Provide the name o	f the law firm represe	nting you.	
Attorney Firm	Email		
Provide an email if a	available.		
Attorney Firm	Phone Number	*	
Provide the law firm	's phone number.		
Patient Full Na	me *		
First Name	Middle Name	Last Name	Suffix
Patient, Parent	t or Guardian En	nail *	

## **Parent or Guardian Name**

First Name	Middle Name	Last Name	Suffix	
Date of Loss	*			
Month Day Y	'ear			
Responsible I	Party *			
EX: At fault party's	s insurance company	y, your employer, etc.		
Medical Mass both by reasor	age, LLC., such s n of this accident	sums as may be d t or injury and by r	directly to ELIZABETH DODD, LMBT on behalf of Due and owing for professional services rendered to eason of any other bills that are due to the provider gment as is necessary to adequately protect and pa	me and
I hereby furthe any settlemen	t of judgment in	any claim or litiga	proceeds to which I may become entitled as a resution arising out of the injuries for which I have been ner such proceeds are remitted directly to me or to	1
I fully understa provider for se providers' addi I further unders	rvices rendered tional protection	to me by the provi and in considera payment is not co	o the provider for all professional bills submitted by ider and that this agreement is made solely for the tion of the provider awaiting payment. ntingent on any settlement, judgment or verdict by	
	es to notify Elizal ubstituted in his		immediately of the name and contacting information	n of
established ele traditional pap	ectronic records	and signatures as nd handwritten sig	Signatures in Global and National Commerce (ESIG s legally binding, having the same legal effects as matures. Read more at the FTC website:	N) Ad
Date *				
Month Day Y	'ear			



Parent/Guardian Signature \_\_\_\_\_