



KOSA Acupuncture  
4 Professional Dr. Suite 115  
Gaithersburg, MD 20879

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## NOTICE OF ACUPUNCTURIST'S LIEN

Patient: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

I do hereby authorize 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 acupuncturist such sums as may be due and owing him for the medical service rendered me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect and fully compensate said acupuncturist. And I hereby further give a Lien on my case to said acupuncturist 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 acupuncturist for all medical bills submitted by him for service rendered me and that this agreement is made solely for said acupuncturist's additional protection and in consideration of his 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 acupuncture of any change 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 attorney(s).

Please acknowledge this letter by signing below and returning to the acupuncturist's office. I have been advised that if my attorney does not wish to cooperate in protecting the acupuncturist's interest, the acupuncturist will not await payment and 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 said acupuncturist above-named. Attorney further agrees that in the event this lien is litigated, that the prevailing party will be awarded attorney fees and costs.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
ATTORNEY SIGNATURE