



KOSA Acupuncture LLC
531 E A St. Suite 100B, Jenks, OK 74037
Phone: 918-995-1100

NOTICE OF ACUPUNCTURIST'S LIEN

Patient: _____ Date of Accident: _____

I, the undersigned patient, do hereby authorize KOSA Acupuncture LLC ("Acupuncturist") to furnish my attorney with a full report of examination, diagnosis, treatment, prognosis, and related records regarding the accident described above.

I hereby authorize and irrevocably direct my attorney of record to pay directly to said Acupuncturist all sums due and owing for medical services rendered, both in relation to this accident and any other outstanding balances owed to said Acupuncturist's office. I further authorize and direct my attorney to withhold such sums from any settlement, judgment, or verdict as may be necessary to fully compensate said Acupuncturist prior to disbursing any remaining funds to me.

I hereby grant a lien to said Acupuncturist against any and all proceeds of any settlement, judgment, or verdict paid to my attorney or to me, arising from the injuries for which I have been treated.

I fully understand that I am directly and personally responsible to said Acupuncturist for all medical bills incurred, and that this lien is executed for the Acupuncturist's additional protection in consideration of their agreement to await payment. Payment of said bills is not contingent upon any settlement, judgment, or verdict.

I agree to promptly notify said Acupuncturist of any change or addition of attorneys in connection with this matter, and I instruct all attorneys of record, current and substituted, to promptly acknowledge and honor this lien.

DATED PATIENT'S SIGNATURE

WITNESS: _____ DATE: _____

Attorney Acknowledgment & Agreement

The undersigned, being the attorney of record for the above-named patient, hereby:

1. **Acknowledges receipt** of this Notice of Acupuncturist's Lien.
2. **Irrevocably agrees** to withhold from any settlement, judgment, or verdict all sums necessary to fully satisfy the Acupuncturist's outstanding balance **before disbursing any funds to the client**.
3. **Agrees that failure to honor this lien** shall render the attorney personally liable to the Acupuncturist for the full amount of the lien, plus interest at the legal rate.
4. **Agrees that in the event this lien is litigated**, the prevailing party shall be awarded reasonable attorney fees and costs.
5. **Agrees to notify** the Acupuncturist in writing within five (5) business days of any settlement, judgment, verdict, or case resolution.

This agreement is governed by the laws of the State of Oklahoma.

DATED ATTORNEY'S SIGNATURE

PRINTED NAME BAR NUMBER