

LAMBOY FAMILY CHIROPRACTIC

245 Conklin Street
Farmingdale, NY 11735
Tel: 516-249-4488
Fax: 516-249-4058

LIEN FORM

KNOW ALL MEN AT THIS PRESENT that in consideration and professional services rendered, and to be rendered, for and on my behalf, as the result of personal injuries sustained by me on _____ day of _____, 20____, I hereby irrevocably and without recourse assign to Lamboy Family Chiropractic, as consideration for his services those amounts listed as scheduled payments for services rendered as contain in the Worker's Compensation Law of NEW YORK State, for any provided services he may render from my share of the proceeds of any recovery which I may obtain whether by settlement, compromise or judgment, and I authorized and direct my attorney _____, to deduct the aforesaid sum from such recovery and pay the same to _____ before other disbursements and without further notice.

Under no circumstances will I consider the physician's fee contingent upon recovery and in the event I do not receive any proceeds from any pending action, I am still personally responsible to pay the treating physician for services rendered to me.

IN THE WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20_____.

(Patient)

Received and Accepted by:

(Attorney)