

Patient: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Injury Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In consideration for scheduling of payments due for services rendered:

1. I acknowledge that I voluntarily elected to undergo the services which I consider to be necessary.
2. I acknowledge my financial obligation to pay the charges which I also consider to be reasonable.
3. I hereby state that Jerald P. Vizzone, D.O. has a lien for the amount of any unpaid charges for these services upon any and all settlement proceeds having to do with this matter; and that this lien is for any balances due for professional services as well as for interest of finance charges.
4. I authorize and direct my attorney to pay to the above party any such outstanding financial obligation before disbursing any money to me.
5. I further acknowledge my obligation to pay any such outstanding financial obligations regardless of the amount of any settlement.

Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

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**ATTORNEY CERTIFICATION**

I hereby certify that I will carry out the above directive of my client.

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Attorney Signature

Attorney Address: \_\_\_\_\_  
\_\_\_\_\_

Amount of Bills to Date: \$ \_\_\_\_\_ . \_\_\_\_\_