

INSTRUCTIONS TO COUNSEL/INSURANCE COMPANY

I do hereby irrevocably instruct you, my Attorney/Insurance Company, to pay Doctor/Clinic named above in full for services to me for my accident/injury/illness from any proceeds of settlement, claim or judgment regarding said accident/injury/illness. You are to pay the Doctor/Clinic prior to distributing any proceeds to me and I instruct you not to attempt to reduce by means of negotiation my doctor's bill for the services that have been provided to me for the accident/injury/illness which I have agreed to pay in full.

Firm Name/Insurance Company Name

Patient Signature

Attorney Name/Adjuster Name

Date

ATTORNEY'S/INSURANCE COMPANY ACCEPTANCE OF LIEN

Being the attorney of record or authorized representative, I acknowledge receipt of my client's instructions to Counsel and Lien and agree to honor the same.

Attorney/Adjuster Signature