

## Litigation LIEN Letter

This portion to be completed by the patient

I, \_\_\_\_\_, authorize my Attorney to pay M.C. Cronen & Associates for medical services that are rendered out of any proceeds that I receive as a settlement of my pending legal action.

I understand that the settlement amount may not cover part or all of the medical services rendered, and I fully understand that I am financially responsible for and agree to pay all charges which are not paid by the settlement of this case.

patient's signature: \_\_\_\_\_

printed name: \_\_\_\_\_

date: \_\_\_\_\_

This portion to be completed by your attorney

I acknowledge that I currently represent \_\_\_\_\_ and further that I agree to pay M.C. Cronen & Associates for medical bill(s) out of any net proceeds that s/he receives when the case is settled. Further, I agree to notify M.C. Cronen & Associates within 30 days of the any settlement, judgement or Verdict in this case.

ATTORNEY's signature: \_\_\_\_\_

printed name: \_\_\_\_\_

date: \_\_\_\_\_

notary: \_\_\_\_\_

**M.C. Cronen and Associates, Inc.**  
**Ohio Valley Pain Consortium AFFILIATE**  
**252 Whittington Parkway, Louisville, Ky. 40222**  
**Kentucky (502) 423-7246**  
**Kentucky (800) 599-7246**  
**Indiana (800) 788-7549**