

**Family Care Associates of Effingham, S.C.**

1106 N. Merchant St., P.O. Box 665

Effingham, Illinois 62401

217-342-7000

---

**Notice of Claim of Lien for Medical Services**

Notice is hereby given that Family Care Associates of Effingham, S.C.; a licensed health care provider, has performed services for \_\_\_\_\_.

(patient name)

Services in the amount of \$\_\_\_\_\_ were rendered and necessary to said patient as a

result of injuries/illness which occurred at \_\_\_\_\_ on

(location)

\_\_\_\_\_, through the fault of \_\_\_\_\_, whose

(date)

address is \_\_\_\_\_, phone \_\_\_\_\_, and

who is insured by \_\_\_\_\_.

Agent: \_\_\_\_\_

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

Phone: \_\_\_\_\_

If you were in a motor vehicle accident, were you the driver or passenger? \_\_\_\_\_

I do hereby authorize Family Care Associates of Effingham, S.C. to provide you, my attorney/insurance carrier, with a full report of this case history, examination, diagnosis, treatment, and prognosis of myself in regard to my accident/illness.

I hereby give a lien to this practice on any settlement, claim, judgment, or verdict as a result of said accident/illness and authorize and direct you, my attorney/insurance carrier, to pay directly to said practice such sums as may be due and owing him for services rendered me and to withhold sums from such settlement, claim, judgment, or verdict as may be necessary to protect said practice adequately.

I fully understand that I am directly and fully responsible to said practice for all medical bills submitted for service rendered to me and that this agreement is made solely for said practice's additional protection and in consideration of future payment. And, I further understand that such payment is not contingent on any settlement, claim, judgment, or verdict by which I may eventually recover said fee.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

---

**Colleen Bingham, M.D.   Michael G. Brummer, M.D.   Jeffrey K. Brummer, D.O.**  
**Jeffrey G. Crowell, M.D.   Thomas Heischmidt, M.D.   Amanda Bierman, M.D.**