

NOTICE OF NATIONAL PHARMACY LIEN

Patient's Name:	
Date of Birth:	
Attorney's Name:	
Address:	
Phone Number:	
Fax Number:	

I hereby authorize National Pharmacy to furnish you, my attorney, with information regarding National Pharmacy services, including dispensing, etc. ("Services") provided to me in connection with the accident in which I was recently involved.

I hereby authorize and direct you, my attorney, to pay directly to National Pharmacy such sums as may be due and owing for Services rendered to me both by reason of this accident and by reason of any other bills that are due and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate National Pharmacy. I hereby further give a lien on my case to National Pharmacy against any and all proceeds from my settlement, judgment, or verdict which may be paid to you, my attorney, or myself as a result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to National Pharmacy for all National Pharmacy bills submitted by them for Services rendered to me. This agreement is made solely for said National Pharmacy's additional protection and in consideration of their awaiting payment. I understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

I agree to promptly notify National Pharmacy of any change or addition of attorney(s) used by me in connection with this accident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s). I have been advised that if my attorney does not wish to cooperate in protecting National Pharmacy's interest, National Pharmacy will not await payment but may declare the entire balance due and payable.

Please acknowledge this agreement by signing below and returning one original to the National Pharmacy office at National Pharmacy, P.O. Box 48589, Los Angeles, CA 90048. Also, keep one copy for your records.

Dated: _____ Patient's Signature: _____

The undersigned, being attorney of record for the above patient, does hereby agree to observe all terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate National Pharmacy. The attorney further agrees that in the event this lien is litigated, the prevailing party will be awarded attorney fees and costs.

Dated: _____ Attorney's Signature: _____