

**Meskin Counseling Services**

812 Dolphin Circle, Encinitas, CA 92024  
2707 Congress St Suite 2-1, San Diego CA 92009  
(760) 940-0880 FAX (760) 930-9157

Patient's Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

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

Therapist Name: \_\_\_\_\_

I do hereby authorize any insurance company, attorney, third part, group medical plan med-pa or other parties to pay directly to Dr. Harve Meskin such sums for medical services rendered to me by reason of plaintiff's claim for personal injury which occurred on or about\_\_\_\_\_. I do further assign and irrevocably grant a lien to Dr. Meskin for any sums now due or to become due me as a result of any settlement, judgment or verdict arising from said accident/incident.

I understand that I am fully responsible for the services rendered to me arising out of this accident/incident, that my obligation shall be extinguished by the lien or that my payment of the obligation is not contingent or in any way dependent upon any settlement or judgment which may be awarded to me. I waive and relinquish any right which I may have to rescind or to seek the rescission of this agreement and further agree that this settlement shall be binding upon all of my Successors, agents, assignees and attorneys.

This lien cannot be changed. A photocopy of this lien is considered as valid as the original.

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

Patient's Signature: \_\_\_\_\_

The undersigned being attorney of record for the above patient does hereby agree to all terms of the above. Attorney agrees to withhold such sums from any settlement and judgment or verdict before disbursement of funds to myself or patient/client, as may be necessary to adequately protect said doctor named above.

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

Attorney's Signature: \_\_\_\_\_

Attorney: Please sign, date and return the original copy to the doctor's Office. Please keep a copy for your records. Electronic Signatures are valid.