

NOTICE OF LIEN

Please be advised that Shoal Creek Chiropractic is hereby asserting a lien pursuant to Missouri Statutes 430.225, 430.230, 430.235, 430.240 and 430.250 upon **any and all claims, counterclaims, demands, suits or rights of action for the following patient**. Said lien to be effective from the date the certified mail return receipt indicates receipt of this notice and **continue until satisfied by payment in full**.

Name and Address of Injured Person: _____

Date of Accident: _____/_____/_____

AMOUNT OF LIEN: \$ _____

Name and address of medical provider: Shoal Creek Chiropractic
8414 N. Church Rd.
Kansas City, MO 64157

**Name of: Liable person, firm, corporation,
and/or insurance company:** _____

Address: _____

Phone number: _____ - _____ - _____ **Agent Name:** _____

Claim #: _____

Please be advised that since Shoal Creek Chiropractic has now asserted its lien pursuant to Missouri Statutes, **this lien must be satisfied prior to the payment of any moneys to the person named above and/or to his or her attorney(s) or legal representative**. Further Shoal Creek Chiropractic, in asserting this lien, is requesting any insurance carrier **to satisfy this lien by mailing full payment directly to Shoal Creek Chiropractic at the address above** and not by mailing payment first to the injured party, his or her attorney, or legal representative. Notice of this lien has been mailed to both the responsible party and to his or her insurance company, if known.

By asserting this lien pursuant to the above statutes, Shoal Creek Chiropractic is further making known that it will enforce its lien pursuant to 430.250 RSMo and file suit to enforce this lien if necessary.