

## PHYSICIAN'S LIEN

Please take notice that the undersigned, a duly licensed and practicing physician in the State of Illinois has rendered or will render services by way of treatment to:

For injuries sustained on \_\_\_\_\_ and for which injuries the following named party or parties is or may be liable to make compensation to said injured person on account of any claims or right of action which said injured person may have:

You are hereby further notified that the undersigned claims a lien, as provided under the laws of the State of Illinois relating to Physician's Liens, upon all claims and causes of action of the injured person for the amount of this health care professional's or health care provider's reasonable charges for services rendered up to the date of payment of damages to the injured person. In the event there is insurance coverage, it is suggested for your protection, that this Notice of Physician's Lien be forwarded promptly to the insurance carrier.

Healthcare Provider / Prof:

Grandview Health Partners, LTD  
Ian Belton D.C. / Peter Thompson D.C.  
201 W Lake St.  
Ste. 359  
Chicago, IL. 60606  
(773) 585-5900

Pursuant to 770 ILCS 23/1 0(b), this Physician's Lien is served via Certified mail on the above party against whom the claim or right of action exists and to the patient.

**I, the undersigned, certify by my signature below that I have been served a copy of this Physician's Lien.**

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: