

MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.

NOTICE OF LIEN

Description of Service: _____

I do hereby authorize **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.**, to furnish you, my attorney, with a full report of the examination, diagnosis, prognosis, and medical treatment of myself arising from the accident in which I was recently involved.

I hereby authorize and direct my attorney to pay directly to **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.** such sums as may be due and owing for medical services rendered to me by reason of my claim for personal injury, which occurred, on or about ___/___/____. I do hereby further give a lien on my case to **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.** for any sums now due or to become due to me as a result of any settlement, judgment, verdict or recovery arising from said accident in order to satisfy my obligations hereunder and to pay the sums due to **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.** for services rendered to me. I understand that I am fully responsible for the services rendered to me arising out of this accident, that my obligation shall not be extinguished by the lien or assignment, and that my payment of the obligation is not contingent or in any way dependent upon any settlement, judgment, verdict or recovery, which may be awarded to me. I waive and relinquish any right, which I may have to rescind, or seek the rescission of this agreement and further agree that this agreement shall be binding upon all of my successors, assigns, agents, and attorneys.

I agree to promptly notify **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.** of any change or addition of attorney (s) used by me in connection with said accident and I instruct my attorney to do the same and promptly deliver a copy of this lien to any such substituted or added attorney (s).

I also agree that this lien will not affect **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.'s** right to use any other legal remedies, which it has to collect the amounts owed for the medical services it has provided to me.

This agreement is binding upon me, whether or not signed by my attorney. A photocopy reproduction of this agreement and signature may be used in place of the original.

Date: _____ **Patient Signature:** _____

If patient is unable to sign, check the appropriate box:

Patient is a minor

Signer is: Patient Father Mother Legal Guardian Other

The undersigned, being the attorney of record for the above-named patient, does hereby acknowledge notice of this lien and agrees to observe and be bound by all the terms of this agreement and further agrees to pay from the proceeds of any settlement, judgment, verdict or recovery awarded to the above named patient, the amount due to **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.** for its bill and to respond to all requests from **MAX MRI RADIOLOGY, A MEDICAL GROUP, INC.** for status of this patient's case.

Date: _____ **Attorney Signature:** _____

Please fax signed document to: 818-382-2270

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