



PET/CT • CT/CTA • MRI/MRA • BONE DENSITY • NUCLEAR MEDICINE
 DIGITAL MAMMOGRAPHY • ECHOCARDIOGRAPHY • DIGITAL XRAY
 ULTRASOUND • VASCULAR STUDIES • RADIATION ONCOLOGY • IMRT
 VASCULAR & INTERVENTIONAL CENTER



FULL-SERVICE, ALL DIGITAL IMAGING NETWORK

Attorney: _____ Tel: _____ Fax: _____
 Address: _____ City, State, Zip: _____
 PATIENT: _____ DOB: _____ ACCOUNT#: _____ DATE OF INCIDENT/INJURY: _____

I hereby authorize CENTRELAKE IMAGING & ONCOLOGY to furnish you, my attorney, with a full report of its examination, diagnosis, treatment, and prognosis for my injuries or other medical conditions relating to the accident or other incident noted above, promptly after your acknowledging and accepting this Medical Lien.

I hereby authorize and direct you, my attorney, to pay directly to CENTRELAKE IMAGING & ONCOLOGY (CLIO) such sums as may be due and owing CLIO for the medical service it has provided or may provide to me, both by reason of this incident and by reason of any other bills that are due CLIO for my care. I further authorize and direct you to withhold such sums from any settlement, arbitration award, judgment, or verdict as may be necessary to adequately protect and fully compensate CLIO for its services. In addition, I hereby irrevocably grant CLIO a lien on my claims and any and all proceeds of my settlement, judgment, or verdict which may be paid to or on behalf of you, my attorney, or myself, that relates in any way to the injuries for which I have been treated by CLIO.

I understand and agree that I am directly and fully responsible to CLIO for all medical bills submitted by CLIO for service rendered me and that this agreement is made solely for CLIO's additional protection and in consideration of CLIO awaiting payment. I also understand that such payment is not contingent on my obtaining any verdict, settlement or judgment for my claims based on the above referenced incident. I hereby waive and agree to toll the statute of limitations for CLIO to commence action against me or my estate to collect its fees.

I agree to promptly notify CLIO of any change or addition of attorney(s) used by me in connection with this incident, and I instruct my attorney to do the same and to promptly deliver a copy of this Medical Lien to any such substituted or added attorney(s) and further instruct my attorney, if he or she is substituted, replaced, or withdraws from being my attorney, to immediately return to CLIO all CLIO medical bills and medical records. I understand and agree that CLIO may refuse to provide medical records or bills to an attorney until he or she accepts this lien in writing.

I further instruct my attorney to promptly notify CLIO, by certified mail, return receipt requested, of any judgment, arbitration award, verdict or settlement, or any health/medical insurance coverage, including auto med pay, with respect to any of my claims relating to the above incident, and also to so notify CLIO of the receipt of any funds in payment, whether full or partial, of such judgment, arbitration award, verdict, or settlement. Such notice shall be given within ten (10) days after any settlement, arbitration award, verdict, judgment, and/or receipt of a payment. I further instruct my attorney to honor the lien by paying CLIO's fees for my medical services promptly upon receipt of any settlement funds or collections or other payments upon a judgment, arbitration award, or verdict.

Please acknowledge this medical lien by signing below and returning the original to CLIO.

Dated: _____

 CLIENT

The undersigned, being attorney of record for the above patient, hereby agrees to observe all the terms of the above and agrees to withhold or arrange for payment to the above-identified healthcare provider of such sums from any settlement, judgment, or verdict, or other payment or fund for payment by a defendant or other party or an insurer or indemnitor, as may be necessary to adequately protect and fully compensate the above-identified healthcare provider. If the undersigned should withdraw or be discharged or substituted out as attorney for the patient, the undersigned shall remain accountable to CLIO under this Medical Lien Agreement unless and until the undersigned attorney or the new counsel gives CLIO specific written notice of the change. The undersigned attorney further agrees that in the event this lien is litigated, the prevailing party will be awarded attorney's fees and costs.

Dated: _____

 ATTORNEY

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