FACILITY’S LIEN

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Accident: Auto: \_\_\_\_\_\_\_ W/C: \_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_

Amount to Date: To be applied at a later date

I hereby give a lien to **Advanced Diagnostic Medical Imaging, Inc.** for services rendered to me on any settlement, judgment, verdict, or otherwise as a result of the accident/injury which occurred on the above date. I authorize my attorney to directly pay **Advanced Diagnostic Medical Imaging, Inc.** all sums that may be owed for services rendered, as well as withhold said sums from any settlement, judgment, verdict or otherwise to protect our facility accordingly.

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Date Patient’s Signature