



10696 S RIVER FRONT PKWY. SOUTH JORDAN, UT 84095 | T (801) 563-0333 | F (801) 563-0335 | WWW.US-MRI.COM

### RADIOLOGY LIEN

I, \_\_\_\_\_, hereby authorize and direct, \_\_\_\_\_, my attorneys, to pay directly to Salt Lake MRI/U.S. MRI such sums as may be due and owing them for medical services rendered by reason of this accident and withhold such sums from my settlement, judgment, or verdict as may be necessary to adequately protect said medical entity. I hereby give a lien on my case to said medical entity against any and all proceeds of my settlement, judgement, or verdict, which may be paid to you, my attorney, or myself as a result of the injuries for which I have been treated for in connection therewith. I agree that such lien shall be subordinate to, but only to, my attorney's lien for fees and costs. All amounts recovered in excess of those fees and costs are subject to this lien.

I agree never to rescind this document. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney will honor this lien as inherent to the settlement and enforceable upon the cases if it were executed by him/her.

I understand that I am directly and fully responsible to said medical entity for all medical bills submitted for services rendered and that this agreement is made solely for said medical entity's additional protection and in consideration of waiting payment. I further understand that such payment is not contingent on any settlement, judgement, or verdict by which I may eventually recover said fee.

I have been advised that if any attorney does not wish to cooperate in the protection of the medical entity's interest, the medical entity will not await payment but will require me to make payments on a monthly basis. Please acknowledge this letter by signing below and returning to the medical entity's office.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

The undersigned, being attorney of record of the above patient, does hereby agree to observe all terms of the above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary. Attorney hereby agrees not to distribute funds to client/patient until this lien is fully satisfied.

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Name Print: \_\_\_\_\_ Firm: \_\_\_\_\_



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