PROHEALTH ADVANCED IMAGING MEDICAL GROUP, INC.

Proheath Imaging – North Hollywood
Prohealth Imaging – West Hills
Beverly Hills Imaging Medical Center
University Imaging Sherman Oaks
University Imaging Tarzana I
University Imaging Tarzana II
University Imaging Tarzana III

NOTICE OF DOCTORS MEDICAL LIEN

PATIENT: ____ **PT DOB:** ___________________ **PT ACCT#:** ___________________

DATE OF ACCIDENT/INJURY: ______________ **DOS:** _____________ **ATTORNEY NAME:** ______________________________

TYPE OF ACCIDENT: ☐ **AUTO ACCIDENT** ☐ **OTHER (Explain):** ____

ACKNOWLEGMENT OF PATIENT

I do hereby authorize Prohealth Advanced Imaging Medical Group, Inc. (referred to as PAIMG) to furnish my attorney with a full report of our examination, diagnosis, treatment, prognosis, etc., of myself in regard to the incident in which I was involved.

I hereby irrevocably authorize and direct my attorney to pay directly to PAIMG such sums as may be due and owing them for medical services rendered me by reason of this accident and that are due PAIMG, and to withhold such sums from any settlement, judgement or verdict as may be necessary to adequately protect said doctors. I hereby further give a lien on my case to PAIMG against any and all proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or to me as the result of the injuries for which I have been treated or injuries connected therewith.

I fully understand that I am directly and fully responsible to PAIMG for all medical bills for services rendered and that this agreement is made solely for PAIMG's additional protection and in consideration of PAIMG's awaiting payment. PAIMG may revoke this lien in the event attorney and/or patient fails to provide doctors with reasonable periodic status reports of patient's claim as requested by PAIMG or their representatives. In the event said lien is revoked, payment will be due for services rendered by PAIMG immediately. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee. Any and all payments which I or my attorney may receive from any insurance carrier must be forwarded to PAIMG within fifteen (15) days from receipt or said lien will be revoked and total balance will be due and payable immediately. I further understand that such payment is ultimately my responsibility and is not contingent upon any settlement, judgment or verdict by which I may eventually recover said fees.

This contract is binding upon me, whether or not signed by my attorney. In the event that I change or substitute attorneys at any time prior to payment in full of all medical billings and any other charges due PAIMG, this irrevocably directed lien shall be binding thereon upon. I understand it is my responsibility to obtain a new lien from PAIMG and return the new lien to PAIMG signed by me and my new or substitute attorney within 15 days of obtaining a new attorney.

PATIENT SIGNATURE: ____ DATED______________________________

ACKNOWLEDGMENT OF ATTORNEY

The undersigned, being attorney of record for the above patient, does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect PAIMG. Undersigned agrees to pay any lien holder within fifteen (15) days of receipt of settlement funds. Failure to do so will be construed, as lien holder's right to hold the undersigned personally liable for payment, and to collect damages.

ATTORNEY NAME (PRINT PLEASE):____PHONE:___________________________

ATTORNEY SIGNATURE: ____ DATE_________________________

ATTORNEY: *Please review, correct Attorney/Patient information given, sign, date and return the signed lien to our billing office at the fax or address noted below immediately. Reports and claim information will be released upon receipt of fully executed lien. Please keep a copy for your records.*

PLEASE FAX SIGNED LIEN TO: (714)422-1650 OR E-MAIL LIEN TO: LIENS@MSMNET.COM

PO BOX 7328
Orange, CA 92868-7328

Billing Office Phone: (818) 336-5248
Billing Office Fax: (714) 422-1650