



ASSIGNMENT OF PROCEEDS OF CLAIM (LIEN)

Patient Name: _____

In consideration of medical treatment I receive from Pueblo Radiology Medical Group, Inc., (“Provider”), I hereby irrevocably assign to the provider an amount equal to the entire cost of that treatment from the proceeds which I may receive as a result of legal process or by reason of settlement of any legal process instituted by me or on my behalf (“Litigation”), arising out of the injuries which caused my need for medical treatment by the Provider. I hereby grant to Provider a purchase money security interest (“Lien”) against any and all proceeds paid or payable to me and/or my Attorney as a result of settlement, judgment or verdict in the Litigation, as security for payment of all charges incurred to Provider for medical treatment. This lien also applies to any and all subsequent medical treatment by the Provider related in any way to the original treatment.

I hereby authorize Provider to release to my attorney of record identified below and any subsequent or additional attorney, a full report of any examination, including diagnosis, resulting from the diagnostic services rendered to me by the Provider. I instruct my attorney and any subsequent attorney that I may employ, to pay directly to the Provider out of any proceeds received as a settlement or by reason of a judgment the entire amount of the Provider’s bill(s), without deduction or offset, incurred by me in connection with the care and treatment for the injuries received.

I fully understand that I am directly and fully responsible to the Provider for all bills incurred by me in connection with the care and treatment for injuries received, and that the Provider and its designated agents or assignees are permitted to proceed with collection on the bill in their reasonable discretion. I further understand that this assignment is irrevocable and is not contingent on any settlement or judgment which I may eventually recover.

Dated: _____

(Patient’s Signature)

Patient Name (print): _____

ATTORNEY SECTION

The undersigned, being attorney of record for the above patient, does hereby agree to observe all of the terms of the above, and agrees to withhold such sum from any settlement or judgment, without deduction or offset, and to hold in trust and pay over such funds as may be necessary to discharge the obligation to the Provider. I agree to provide the Provider reasonable documentation to confirm the existence and filing of the action, and I will also periodically inform the Provider of the status of the action and my recovery estimates. I further agree that if that my client, the above-named patient, secures other counsel in connection with any action instituted by the patient on account of the injuries for which my client was treated by the provider, I shall identify the new counsel to the provider and inform the new counsel in writing of this agreement.

Dated: _____

(Attorney’s Signature)

Print - Name: _____

Address: _____

Phone No.: _____