

**ZWANGER-PESIRI RADIOLOGY
150 EAST SUNRISE HIGHWAY
LINDENHURST NEW YORK 11757**

Attorney Lien

To: _____
Attorney's Name

Address

Patient Name: _____ Date of Accident or Injury: _____

I hereby authorize and direct you, my attorney, to pay directly to Zwanger-Pesiri Radiology such sums as may be due and owing for medical service rendered me both by reason of this accident and by reason of any other bills that are due to this medical office and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect their interest. I hereby further give a lien on my case to Zwanger-Pesiri Radiology against any and all proceeds of any settlement, judgment, or verdict which may be paid to you, my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection therewith. I hereby fully understand that I am directly and fully responsible to Zwanger-Pesiri Radiology for all medical bills submitted for services rendered to me and that this agreement is made solely for this provider's additional protection and in consideration of their awaiting payment. I hereby further understand that such payment is not contingent on any settlement, judgment, and/or verdict by which I may eventually recover said fee. In the event the claim is denied for any untimely filing, I would not be held responsible.

Date: _____ Patient Signature: _____

The Undersigned, being the attorney on record for the above patient, does hereby agree to observe all of the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdicts as may be necessary to adequately protect Provider Zwanger-Persiri Radiology.

Date _____ Attorney Signature _____

Name of Law Firm: _____

Please sign and return to Zwanger-Pesiri Radiology Fax (631)225 4565