

OpenSided MRI
Red Rock Diagnostics, LLC - Lien

Attorney Firm Information

Patient Information

Name: _____

Name: _____

Address: _____

SSN#: _____

DOB: _____

Phone #: _____

Accident Date: _____

I do hereby authorize Red Rock Diagnostics, LLC to furnish the above and / or insurance carrier with all records regarding the accident / injury for which I am receiving or have treatment at OpenSided MRI beginning on _____ . (Date of Service)

I hereby authorize and direct you, my attorney and / or insurance carrier, to pay directly to Red Rock Diagnostics, LLC such sums as may be due and owing for services rendered me both by reason of this accident and by reason of any other bills that are due and to withhold such sums from any settlement, judgment, or verdict which may be paid to you, my attorney, to myself or to another individual on my behalf, and / or by you the insurance carrier, as may be necessary to adequately protect and clear my account at **Red Rock Diagnostics, LLC** for services rendered at **OpenSided MRI**. I hereby give a Lien on my case to **Red Rock Diagnostics, LLC** against any and all proceeds of any settlement, judgment, or verdict which may be paid to you, my attorney, or myself or to another individual on my behalf, and / or by you the insurance carrier, as the result of the injuries for which I have been treated or injuries in connection therewith.

I agree to never to rescind this document and that a rescission will not be honored by my attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him / her.

I fully understand that I am directly and fully responsible to Red Rock Diagnostics, LLC for all bills submitted for service rendered me by OpenSided MRI and that this agreement is made solely for additional protection and in consideration of awaiting payment. And, I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Interest on this lien is 18% per annum, commencing 30 days from the date of payment of settlement, judgment or award relating to services provided by **OpenSided MRI** and purchased by **Red Rock Diagnostics, LLC**.

I waive the statute of Limitation regarding **Red Rock Diagnostics, LLC** right to recover.

It is understood and agreed that a copy of this lien shall have the same force and effect as the original.

Date _____

Patient's Signature _____

The under signed attorney of record and / or insurance carrier for the above patient does hereby agree to observe all the terms of the above agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect Red Rock Diagnostics, LLC and to disperse such sums as per lien.

Date _____

Patient's Signature _____

** Please Sign, Date, and Return to:**

Red Rock Diagnostics, LLC
P.O Box 26119
Las Vegas, NV 89126
Fax: 702-362-5132