



145 East 32nd Street
Ground Floor
New York, New York 10016
Phone: (212) 868-9210 • Fax: (212) 868-9213
info@3tmri.com • www.3tmri.com

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_ Date of loss: \_\_\_\_\_

MEDICAL LIEN

Attorney Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize and direct my attorney, to pay directly to Alpha 3T MRI & Diagnostic Imaging, PLLC., managed by NYMR SOLUTIONS, LLC., such sums as may be due and owing for professional services rendered to me both by reason of this accident and by reason of any other bills that are due to the provider and to withhold such sums from any settlement of judgment as is necessary to adequately protect the provider.

I hereby further give a lien to the provider on any proceeds to which I may become entitled as a result of any settlement of judgment in any claim or litigation arising out of the injuries for which I have been treated of injuries in connection therewith, whether such proceeds are remitted directly to me or to you my attorney.

I fully understand that I am directly responsible to the provider for all professional bills submitted by the provider for services rendered to me by the provider and that this agreement is made solely for the providers' additional protection and in consideration of the provider awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

Attorney agrees to notify the doctors immediately of the name and contacting information of any attorney substituted in his or her place.

\_\_\_\_\_  
PRINT PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

ACKNOWLEDGEMENT OF ASSIGNMENT & LIEN BY ATTORNEY

The undersigned being the attorney of record on his own behalf and on behalf of any other attorney or attorneys who are associated with the undersigned or who are substituted in his stead 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, Alpha 3T MRI & Diagnostic Imaging, PLLC., managed by NYMR SOLUTIONS, LLC.

\_\_\_\_\_  
ATTORNEY'S SIGNATURE

\_\_\_\_\_  
DATE

\*NOTE TO ATTORNEY\*

PLEASE SIGN AND RETURN ONE COPY TO THE PROVIDERS OFFICE; KEEP A COPY FOR YOUR RECORDS