

Medical Authorization & Lien

Patient's Name: _____

Date of Incident: _____

Law Firm: _____

Attorney's Name: _____

I authorize **Coastal Medical Group** to furnish my attorney with a full report of my examination, diagnosis, treatment prognosis, and billing statement of myself regarding the injury sustained as a result of the incident. I authorize my attorney to furnish **Coastal Medical Group and individual physicians** with documents pertaining to my case, including but not limited to attorney's fee agreement, settlement agreement, judgment, or verdict. All prior authorizations are revoked. This authorization shall remain in effect until the sooner completion of my case or until revoked by me.

I further give a lien on my case to **Coastal Medical Group and individual physicians** against all proceeds of a settlement, judgment, or verdict which may be paid to me, or to my attorney, as a result of the injuries sustained as a result of the incident and treated by **Coastal Medical Group and individual physicians**. I hereby authorize and direct my attorney to pay directly to **Coastal Medical Group** such sums as may be due and owed to them for medical services rendered. I understand and agree that payment is not contingent on any insurance company's determination as to appropriateness of services rendered and/or fees charged. I understand that if I miss a Scheduled neuropsych test without prior notice, I will be responsible to pay the full amount of the charges. I understand and accept that **Coastal Medical Group and individual physicians** do not accept any medical insurance.

This Lien does not replace or supersede my own responsibility for outstanding medical bills but is given as protection for the physician, and in consideration for the physician's willingness to wait for delayed payment. I understand that payment of all outstanding fees to **Coastal Medical Group in individual physicians** are payable upon demand and are not contingent on the receipt of an award through settlement, judgment, or verdict.

I agree to promptly notify **Coastal Medical Group and individual physicians** of any change or addition of attorney(s) used by me and connection with this incident, and I instruct my attorney to do the same and to promptly deliver a copy of this lien to any such substituted or added attorney(s).

In the event of legal action is required to enforce any provision of a Lien Agreement, the prevailing party in such action shall be entitled to reasonable attorney's fees, and cost, including but not limited to collection costs, enforcement of judgment, wage garnishment, etc.

Dated: _____ Patient Signature: _____

As the attorney of record for the above patient, I agree to observe the terms of this agreement, and to withhold from any award, settlement, judgement, or verdict without demand in this case such sums are required to adequately protect and fully compensate **Coastal Medical Group and individual physicians** with payment of outstanding bills/costs owed to **Coastal Medical Group and individual physicians** by _____ [name of patient]. In the event a dispute regarding this lien occurs, attorney agrees to hold the full amount of outstanding balance in attorney's client trust account until full resolution is obtained. I further agree to inform **Coastal Medical Group and individual physicians** in a timely manner. Any change in representation of _____ [name of patient] such as addition of new attorney or substitution of an attorney, withdrawal from the case, decision of not pursuing this case, etc.

Dated: _____ Attorney Signature: _____