

ANJANI SINHA MEDICAL P.C.

164-10 Northern Boulevard, Suite 204

Flushing, NY 11358

Tel: 718-886-2011 Cell: 347-609-8300 Fax: 929-333-7950

anjanisinhamedicalpc@gmail.com

MEDICAL LIEN

ATTORNEY: _____

PATIENT: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PATIENT DOB: _____

FAX: _____

DATE OF ACCIDENT: _____

THIS IS A TWO PAGED DOCUMENT TO BE SIGNED BY PATIENT AND ATTORNEY

Patient hereby authorizes Anjani Sinha Medical, P.C. (doctors), to furnish you, my attorney, with a full report of the examination(s), diagnosis, treatment, prognosis, etc., of injuries sustained by patient in the above referenced accident in which I was involved.

Patient hereby authorizes and directs you, my attorney, to pay directly to Anjani Sinha Medical, P.C., such sums as may due and owing him for medical services rendered to me, both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect Anjani Sinha Medical, P.C. Patient hereby gives a lien on my case to Anjani Sinha Medical, P.C., and any doctor rendering medical services on its behalf, against any and all proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or Patient as the result of the injuries for which patient has been treated or injuries in connection with said accident.

Patient agrees to be directly and fully responsible for bills of all medical services rendered to patient and that this agreement is made solely for said doctor's additional protection and in consideration of deferring payment. Patient further understands that such payment is not contingent on any settlement, judgment or verdict in which patient may eventually recover said fee and that patient remains responsible for payment in the absence of any settlement, judgment or verdict.

Dated: _____

Patient's signature _____



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The undersigned attorney of record for the above patient does hereby agree to observe all the terms and conditions above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect Anjani Sinha Medical, P.C. Furthermore, the undersigned attorney of record agrees to provide a copy of this lien to any successor attorney and to notify Anjani Sinha Medical, P.C., in the event Patient retains a successor attorney or discharges the attorney of record.

Dated: _____ Attorney's signature _____

Name in Print _____