

ANY PAPER FORMS FILLED OUT, PLEASE UPLOAD VIA FRONT DESK PORTAL @  
App.RadFlow360.com/front-desk

**\*\*USE THE INCLUDED PATIENT ID AND ACCESSION # IN YOUR SYSTEM/PACS\*\***

NAME	LAST: YANES MARTINEZ	FIRST: JUAN ANSELMO	ID: PRE1008902
PHONE	HOME: (213) 462-6567	Cell: (213) 462-6567	DOB: 8/30/1977
PATIENT ADDRESS	1853 W 51ST ST, LOS ANGELES, CA 90062		
CLINICAL HISTORY	None		
REFERRING PHY	SHREY KANJIYA		
EXAM LOCATION	1711 W. Temple St., Los Angeles CA		

Patient ID : PRE1008902

**\*\*USE THE INCLUDED PATIENT ID AND ACCESSION # IN YOUR SYSTEM/PACS\*\***

ACCESSION	EXAM	CPT	DX	READ TYPE	DATE / TIME
RAM1044795	MRI SHOULDER W/O CONTRAST - LT - RESOURCE: CLOSED	73221	M75.10 0,S83.2 00A	Tech Only	6/28/2025 1:20:00 PM
RAM1044796	MRI SHOULDER W/O CONTRAST - RT - RESOURCE: CLOSED	73221	M75.10 0,S83.2 00A	Tech Only	6/28/2025 1:40:00 PM
RAM1044794	MRI KNEE W/O CONTRAST - RT - RESOURCE: CLOSED	73721	M75.10 0,S83.2 00A	Tech Only	7/12/2025 1:20:00 PM
RAM1044793	MRI KNEE W/O CONTRAST - LT - RESOURCE: CLOSED	73721	M75.10 0,S83.2 00A	Tech Only	7/12/2025 1:40:00 PM

PLEASE HAVE PATIENT WALK OUT W/ CD

- 1) HAVE PATIENT FILL OUT ALL FORMS (IF ANY)
- 2) Obtain photo ID, ONLY if not already in the front desk portal.
- 3) PHOTO ID & ANY PAPER FORMS FILLED OUT, PLEASE UPLOAD VIA THE FRONT DESK PORTAL @ App.RadFlow360.com/front-desk

? HAVE A QUESTION? LIVE CHAT WITH US VIA FRONT DESK PORTAL ?

Patient can upload photo ID, e-sign liens and view appointments @  
App.RadFlow360.com/patient-portal

Generated on : 6/17/2025 9:41:09 PM



**PATIENT INFORMATION**

<b>Social Security Number:</b>		<b>DOB:</b> 8/30/1977
<b>Patient Name (Paciente):</b>	YANES MARTINEZ, JUAN ANSELMO	<b>ID:</b> PRE1008902
<b>Address (Domicilio):</b>	1853 W 51ST ST, LOS ANGELES, CA 90062	
<b>Tel # (Telefono):</b>	<b>Home:</b> (213) 462-6567	<b>Cell:</b> (213) 462-6567
<b>Why are you here today &amp; what are your symptoms?</b> (Por que esta aqui y cuales son sus sintomas?):		

**ATTORNEY INFORMATION**

<b>Attorney Name (Abogado):</b>	RAFII & ASSOCIATES		
<b>Address (Direccion):</b>	9100 WILSHIRE BLVD STE 465E, BEVERLY HILLS, CA 90212		
<b>City, State, Zip</b> (Ciudad), (Estado), (Codigo):	BEVERLY HILLS, CA 90212		
<b>Tel# (Telefono):</b>	(310) 777-7877	<b>Fax:</b> (310) 777-7855	
<b>Driver's Name (Conductor):</b>		<b>Date of Injury</b> (Fecha de Herida):	

**AUTO INSURANCE INFORMATION**

<b>Insurance Carrier</b> (compañía de seguros):			
<b>Adjuster (Ajustador):</b>		<b>Claim # (# de Reclamo):</b>	

\*If you were in a car accident, please put the name of the person driving the car YOU were in. If you were the driver, please put your own name. (Si esto es un caso de un accidente de auto y usted fue pasajero, pon el nombre de conductor del auto que viajaba usted. Si usted era el conductor, pon su nombre)

Sign(Firma):

Date(Fecha):

PRE1008902^019



**Alexander Grimm, MD, a  
Professional Corporation**

**Email Signed Lien To : [liens@accurateradiology.com](mailto:liens@accurateradiology.com)**

**PERSONAL INJURY MEDICAL RADIOLOGIST LIEN**

**TO THE LAW OFFICE OF:**

RAFII & ASSOCIATES  
9100 WILSHIRE BLVD STE 465E  
BEVERLY HILLS, CA 90212

Tel: (310) 777-7877

**YANES MARTINEZ, JUAN ANSELMO**

**PRE1008902**

**DOB: 8/30/1977**



**\*\*\* INFORM YOUR ATTORNEY OF ALL PROCEDURE(S) DONE WITH Alexander Grimm, MD, a Professional Corporation TO ENSURE SERVICES ARE PAID THROUGH YOUR CASE. FAILURE TO INFORM YOUR ATTORNEY MAY HOLD YOU LIABLE FOR PAYMENT OF SERVICES. INFORME A SU ABOGADO DE TODO EL PROCEDIMIENTO(S) HECHO CON Alexander Grimm, MD, a Professional Corporation PARA GARANTIZAR EL PAGO DE LOS SERVICIOS A TRAVÉS DE SU CASO. DE NO INFORMAR A SU ABOGADO LE PUEDE SER RESPONSABLE PARA EL PAGO DE SERVICIOS. \*\*\***

RE: MEDICAL REPORTS AND DOCTOR'S LIEN (INFORME DE MÉDICO Y GRAVAMEN DE MÉDICO) I hereby authorize Alexander Grimm, MD, a Professional Corporation (provider) to furnish you, my Attorney, a full report of the examination, diagnosis, treatment, and prognosis in regards to the accident I was involved in on the below date(s) of injury. (Por la presente autorizo Alexander Grimm, MD, a Professional Corporation (proveedor) entregar a usted, mi abogado, un informe completo del examen, diagnóstico, tratamiento y pronóstico de mí mismo, en cuando estuve envuelto en un accidente en la fecha de la herida escrito por debajo.)

I hereby authorize and direct you, my Attorney, to pay directly to Alexander Grimm, MD, a Professional Corporation such sums due and owing for professional services rendered to me, and to withhold such sums from any settlement, judgments or verdicts as may be necessary to adequately protect and fully compensate Alexander Grimm, MD, a Professional Corporation. I hereby further direct my Attorney to pay in full any medical bills owed to Alexander Grimm, MD, a Professional Corporation. (Yo autorizo y le dirigo, mi abogado, para pagar directamente a Alexander Grimm, MD, a Professional Corporation tales sumas como pueden ser debida y debido por servicios profesionales proveido a mí, y retener tales cantidades de asentamiento, fallos/verdictos o sentencias como sean necesarias para proteger adecuadamente y compensar completamente Alexander Grimm, MD, a Professional Corporation. Por el presente documento, dirijo mi abogado a pagar en su totalidad cualquier facture(s) médica(s) debido a Alexander Grimm, MD, a Professional Corporation.)

I fully understand that I am directly and fully responsible to Alexander Grimm, MD, a Professional Corporation. for all medical bills submitted by said practice for services rendered and that this agreement is made solely for said practice's additional protection and in consideration of the practice 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. I have been advised that if my attorney does not wish to cooperate in protecting Alexander Grimm, MD, a Professional Corporation's interest, the practice will not await payment and may declare the entire balance due and payable. Patient agrees to pay all of Alexander Grimm, MD, a Professional Corporation's reasonable attorneys' fees, collection costs and expenses associated with the enforcement of this lien. If Alexander Grimm, MD, a Professional Corporation is required to retain an attorney to enforce any provision of this Agreement, whether or not a legal proceeding is commenced, the substantially prevailing party shall be entitled to reasonable attorneys' fees regardless of whether at trial, on appeal, in any bankruptcy proceeding, arbitration matter or without resort to suit. In the event Alexander Grimm, MD, a Professional Corporation is required to turn any outstanding unpaid amounts due under this agreement to a collection agency then Patient agrees to pay any and all costs, fees or charges imposed by said collection agency in collecting amounts due hereunder. (Entiendo perfectamente que soy directamente y plenamente responsable a Alexander Grimm, MD, a Professional Corporation todas las facturas médicas presentadas por dicha práctica por los servicios proveidos a mí y que este acuerdo se hace exclusivamente para protección adicional de dicha práctica y teniendo en cuenta la práctica en espera del pago. Y entiendo que dicho pago no es contingente sobre cualquier asentamiento, juicio o veredicto que finalmente puedo recuperar dicha sustantivo. Alexander Grimm, MD, a Professional Corporation me ha explicado que si mi abogado no quiere cooperar en la protección de intereses de Alexander Grimm, MD, a Professional Corporation, el proveedor no esperara pago (como lo haríamos con un asunto pendiente) podemos declarar la totalidad del saldo exigible y pagadera. El paciente acepta pagar todos los honorarios razonables de los abogados de Alexander Grimm, MD, a Professional Corporation, los costos de cobro y los gastos asociados con la aplicación de gravámenes. Si se requiere que Alexander Grimm, MD, a Professional Corporation conserve a un abogado para hacer cumplir cualquier disposición de este acuerdo, ya sea que se inicie o no un procedimiento legal, la parte que prevalece sustancialmente tendrá derecho a honorarios razonables de abogados, independientemente de si en el juicio, en la apelación, en cualquier procedimiento de quiebra, asunto de arbitraje o sin recurso a juicio. En el caso de que se requiera que Alexander Grimm, MD, a Professional Corporation dé a una agencia de cobranzas cualquier cantidad pendiente de pago debida en virtud de este acuerdo, el paciente acepta pagar todos y cada uno de los costos, honorarios o cargos impuestos por dicha agencia de cobranzas al cobrar las cantidades adeudadas en virtud del presente acuerdo.)

I hereby agree to waive the running of any Statute of Limitations for an additional period of four (4) years as provided in CCP 360.5. Yo estoy de acuerdo de renunciar a la divensión de cualquier estatuto de limitaciones por un período adicional de cuatro (4) años como proporcionar en 360.5 CCP

The undersigned, being attorney of record 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 and fully compensate Alexander Grimm, MD, a Professional Corporation. Attorney further agrees that in the event this lien is litigated, the prevailing party will be awarded attorney's fees and costs.

Print First, Middle & All Names: (Nombre Completo de Paciente) YANES MARTINEZ, JUAN ANSELMO

Date(s) of Injury: (Fecha de Herida) 08/29/2024

Driver's Name (if you were a passenger) (Nombre de Conductor (si fue pasajero) : \_\_\_\_\_

Patient's Signature (FIRMA de Paciente) :

Attorney's Signature (FIRMA de Abogado) :



Date (Fecha) :



Date (Fecha) :

**5101 Santa Monica Blvd Suite 8 PMB 54, Los Angeles ,CA 90029 , FAX:**

**eSign liens, submit case updates, bill balance, bill offers, and e-payments at [App.RadFlow360.com](http://App.RadFlow360.com)**

**ORDERING OFFICE**

■ 4955 VAN NUYS BOULEVARD, SUITE 615 • SHERMAN OAKS, CA 91403  
TELEPHONE: (818) 905-2222 FAX (818) 905-8702

□ 38660 MEDICAL CENTER DRIVE, SUITE A250, PALMDALE, CA 93551  
TELEPHONE: (661) 267-7777 FAX (661) 267-7101

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Create date:	April 4, 2025	Due Date:	April 7, 2025
Procedure:	MRI	Facility:	Patient's Choice
Ordering Provider:	SHREY KANJIYA, M.D.	DEA No.	FK9291105- California License No. A168099

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Patient Name: **Anselmo Yanes Martinez, Juan**

Patient Address: **1853 W 51st St., Los Angeles, CA 90062**

Details: MRI  
BILATERAL KNEE- DX: MEDIAL MENISCUS TEAR  
BILATERAL SHOULDER- DX: ROTATOR CUFF TEAR

**Facility Address:**

**Facility Phone:**

Facility Fax:

Repeat times

☐ No repeats



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Ordering Doctor Signature