



Letter of Protection and Notice of Medical Lien

Patient's Name: _____

Date(s) of Service: _____

Attorney's Name: _____

County in which legal case is pending: _____

I do hereby authorize you _____ (name of attorney) as my attorney to pay Jagannathan Neurosurgical Institute, PLLC (hereinafter "JNI") for medical services out of any proceeds that I receive as a settlement, judgment or verdict from my pending legal case.

I understand that the settlement or award amount may not cover part or all of the medical services rendered by JNI. I fully understand that I am financially responsible for and agree to pay all charges which are not paid by the settlement, judgment or verdict in the case.

I hereby authorize and direct you as my attorney to pay directly to JNI such sums as may be due and owed to JNI for medical services rendered. I hereby further give a lien on my case to JNI against any and all proceeds of my settlement, judgment or verdict which may be paid to you, my attorney or myself, as a result of the injuries for which I have been treated or injuries in connection therewith.

I understand that I am directly and fully responsible to JNI for all medical bills submitted by JNI for services rendered to me. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I agree to promptly notify JNI of any charge or additional of attorney(s) used by me in connection with this accident 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).

I have been advised that if my attorney does not wish to cooperate in protecting JNI's interest, JNI will not await payment, but will declare the entire balance due and payable. I have had an opportunity to review the terms and conditions of this lien and have had the opportunity to obtain advise of counsel. I enter into this agreement knowingly and willingly.

Patient's Signature: _____

Date: _____