



PHYSICIAN/PATIENT/ATTORNEY LIEN AGREEMENT

I do hereby authorize Perry L. Haney, M.D./SpineOne P.C. to furnish my attorney with a full report of the doctor's or therapist examinations of myself with regard to the incident in which I was involved which led to my injury.

I hereby authorize and direct my attorney to pay directly to Perry L. Haney, M.D./SpineOne such sums as may be due and owing for medical services rendered to me both by reason of this incident and by reason of any other bills that are due these offices. I further authorize my attorney to withhold upon receipt and place in a trust account such sums as may be due and owing to Perry L. Haney, M.D./SpineOne until which time a satisfactory payment amount has been determined and agreed upon by Perry L. Haney, M.D./SpineOne. I authorize my attorney to withhold upon receipt and place in a trust account any money on my behalf resulting from the following list:

1. A payment by an insurance company for Personal Injury Protection benefits;
2. My medical payment coverage or under any other parts of my policy or any policy to which I may be entitled;
3. A settlement of any claim;
4. A judgment in my favor or otherwise to adequately protect Perry L. Haney, M.D./SpineOne.

I hereby further give a lien on my case to Perry L. Haney, M.D./SpineOne against any and all proceeds whether by Personal Injury Protection, medical payments, 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 hereby agree to meet the terms and conditions which may be required by Perry L. Haney, M.D./SpineOne and/or any authorized representative of my insurance company or by any authorized representative of the insurance company which is providing medical benefits to me in order to evaluate my claim and/or facilitate payment directly to Perry L. Haney, M.D./SpineOne. This may include, but is not limited to, timely completion of all requested forms, documents, and statements and cooperation with an independent medical examination, which may be requested by the insurer who is providing benefits for my evaluation and treatment.

I fully understand that I am fully and directly responsible to Perry L. Haney, M.D./SpineOne for all medical bills submitted by them for services rendered to me and that this agreement is made solely for said 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 hereby agree to advise Perry L. Haney, M.D./SpineOne of any change in legal representation on my behalf as such event(s) shall occur. I acknowledge that this agreement is binding regardless of any change and/or modification of legal representation on my behalf and that this agreement shall be binding regardless of the presence or absence of legal representation or the outcome of any settlement, judgment and/or verdict.

I hereby agree to notify Perry L. Haney, M.D./SpineOne within twenty-four (24) hours of any change and/or event which may affect or otherwise impact this lien, including but not limited to, 1) withdrawal and/or termination of the attorney listed below pertaining to this claim and/or injury, 2) the closing of this claim with the insurance carrier, 3) the scheduling of any independent medical examination and/or review at the request of any party to this claim, and 4) a pending settlement offer by any party to this claim.

A photocopy of this statement shall be valid as the original.

I am currently represented by the following attorney:

Name of Patient: _____

Name of Attorney: _____

Name of Law Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

X _____
(Patient Signature) (Date)

X _____
(Attorney Signature) (Date)



**PHYSICIAN/PATIENT/THIRD PARTY LIABILITY
LIEN AGREEMENT**

I do hereby authorize Perry L. Haney, M.D./SpineOne P.C. to furnish the third party liability insurance with a full report of the doctor's or therapist's examinations of myself with regard to the incident in which I was involved which led to my injury.

I hereby authorize and direct the third party insurance company to pay directly to Perry L. Haney, M.D./SpineOne such sums as may be due and owing for medical services rendered to me both by reason of this incident and by reason of any other bills that are due these offices. I further authorize the third party liability insurance company to withhold upon receipt and place in a trust account such sums as may be due and owing to Perry L. Haney, M.D./SpineOne until which time a satisfactory payment amount has been determined and agreed upon by Perry L. Haney, M.D./SpineOne. I authorize the third party liability insurance company to withhold upon receipt and place in a trust account any money on my behalf resulting from the following list:

1. A payment by an insurance company for Personal Injury Protection benefits;
2. My medical payment coverage or under any other parts of my policy or any policy to which I may be entitled;
3. A settlement of any claim;
4. A judgment in my favor or otherwise to adequately protect Perry L. Haney, M.D./SpineOne.

I hereby further give a lien on my case to Perry L. Haney, M.D./SpineOne against any and all proceeds whether by Personal Injury Protection, medical payments, 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 hereby agree to meet the terms and conditions which may be required by Perry L. Haney, M.D./SpineOne and/or any authorized representative of my insurance company or by any authorized representative of the insurance company which is providing medical benefits to me in order to evaluate my claim and/or facilitate payment directly to Perry L. Haney, M.D./SpineOne. This may include, but is not limited to, timely completion of all requested forms, documents, and statements and cooperation with an independent medical examination, which may be requested by the insurer who is providing benefits for my evaluation and treatment.

I fully understand that I am fully and directly responsible to Perry L. Haney, M.D./SpineOne for all medical bills submitted by them for services rendered to me and that this agreement is made solely for said 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 hereby agree to advise Perry L. Haney, M.D./SpineOne of any change in legal representation on my behalf as such event(s) shall occur. I acknowledge that this agreement is binding regardless of any change and/or modification of legal representation on my behalf and that this agreement shall be binding regardless of the presence or absence of legal representation or the outcome of any settlement, judgment and/or verdict.

I hereby agree to notify Perry L. Haney, M.D./SpineOne within twenty-four (24) hours of any change and/or event which may affect or otherwise impact this lien, including but not limited to, 1) withdrawal and/or termination of the attorney listed below pertaining to this claim and/or injury, 2) the closing of this claim with the insurance carrier, 3) the scheduling of any independent medical examination and/or review at the request of any party to this claim, and 4) a pending settlement offer by any party to this claim.

A photocopy of this statement shall be valid as the original.

Name of Patient: _____

Third Party Liability Insurance Carrier: _____

Adjuster: _____ Claim #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

(Patient's Signature)

(Date)