



Assignment Agreement and Lien Authorization

Patient Agreement

I understand that my doctor is referring either myself or my imaging (x-ray, CT, MRI, etc) to NYCC Diagnostic Imaging for radiological evaluation and analysis by a specialist. I also understand that the fee for such services will be submitted to my insurance company, healthcare carrier, attorney or worker's compensation carrier for payment.

In the event my health coverage does not reimburse the fee in full, or if for any reason I do not have coverage for the submitted services, I am fully, personally responsible to NYCC Diagnostic Imaging for all fees and that this obligation is not contingent upon my receiving any settlement for my claim. With this in mind, I agree to give NYCC Diagnostic Imaging all information concerning any and all insurance policies which may cover the fees for interpretation of my radiologic and/or imaging examination(s).

If I am paid directly by an insurance company or through a legal settlement, I will be responsible to forward the amount owed for NYCC Diagnostic Imaging services. I further agree to notify NYCC Diagnostic Imaging and to pay billings at such time as I may personally receive payments made directly to myself from any of the involved insurance carriers. If NYCC Diagnostic Imaging does not receive a reply to a case status information request from my attorney, I will be held liable for the amount of service. Once NYCC Diagnostic Imaging receives a reply from the attorney, I will stop being billed.

I authorize and irrevocably direct my attorney to pay directly NYCC such billings and fees as may be due and owing for services, deposition time, court appearances, transcription time and costs rendered to my by reason of this accident. My attorney is further irrevocably directed to pay such billings and fees from funds held for me in a client trust account, or to withhold such sums from any dispositions, judgments, settlements, payments, proceeds, or verdicts received on my behalf as may be necessary to adequately protect NYCC Diagnostic Imaging. I hereby irrevocably give a lien on my case to NYCC Diagnostic Imaging against any and all proceeds of any dispositions, judgments, settlements, payments, proceeds, or verdicts which may be paid to my attorney or myself as a result of the injuries which precipitated the use of NYCC Diagnostic Imaging services.

I authorize the release of medical or other information necessary to process this claim, and also authorize payment of medical benefits to NYCC. I further grant NYCC authority to endorse any checks issued in my name as payment for services.

A photocopy or facsimile reproduction of this authorization and signature may be used in place of the original.

Print Name: _____

Patient Signature: _____ Date: _____
(Parent if minor child)

Attorney Agreement

The undersigned attorney of record agrees to observe all the terms of the above Lien, and agrees to withhold such sums from any payments, proceeds, dispositions, settlements, judgments, or verdicts to pay NYCC. This lien is to be held in equal stature with any other liens. Counsel agrees to pay NYCC monies owed within thirty (30) days of settlement, judgment, or verdict of the claim.

Print Name: _____ Address: _____

Attorney Signature: _____ Date: _____

*Please sign, date, and return this form to NYCC Diagnostic Imaging.