



NOTICE OF MEDICAL LIEN

Patient Name: _____ Date: _____

Date of Accident: _____ DOB: _____

I do hereby authorize Primero Med, LLC to furnish _____ (name of Auto carrier or Attorney) with a full medical report for services rendered with regard to the above accident date.

I hereby authorize and direct _____ (name of Auto Carrier or Attorney) to pay directly to Primero Med, LLC such sums as may be due and owing, Primero Med, LLC for services rendered to me both by reason of this accident and by reason of any other bills that are due Primero Med, LLC and to withhold such sums from any settlement or judgment, or verdict as may be necessary to adequately protect and fully compensate Primero Med, LLC. And, I hereby further give a lien on my case to Primero Med, LLC. against any and all proceeds of my settlement, judgment, or verdict which may be paid to Primero Med, LLC or myself, as a result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to the above health care provider for all medical bills submitted by them for services rendered to me and that this agreement is made solely for Primero Med, LLC additional protection and in consideration of the facility 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 agree to promptly notify Primero Med, LLC of any change or addition 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 Primero Med, LLC interest, the facility will not await payment but may declare the entire balance due and payable immediately.

Patient or Responsible Party's Signature: _____

Printed Name of Above Signature: _____

Witness Signature: _____