

Michigan Advanced Pain & Spine
27101 Schoenherr Rd. Ste 200 Warren MI 48088
Phone: (586) 806-6466 Fax: (586) 806-6395

Patient: _____

Date of Injury: _____

I do hereby authorize Michigan Advanced Pain & Spine to furnish you, my attorney, with a full report of my examination, diagnosis, treatment, prognosis, etc. in regard to the accident/injury in which I was involved.

I authorize and direct you, my attorney, to pay directly to Michigan Advanced Pain & Spine such sums as may be due and owing for medical service rendered to me both by reason of this and by reason of any other bills that are due the Michigan Advanced Pain & Spine office and to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect and fully compensate Michigan Advanced Pain & Spine and I hereby further give a lien on my case to Michigan Advanced Pain & Spine 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 fully understand that I am directly and fully responsible to Michigan Advanced Pain & Spine for all medical bills submitted for service rendered to me and that this agreement is made solely for Michigan Advanced Pain & Spine's additional protection and payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee.

I agree to promptly notify Michigan Advanced Pain & Spine of any change or addition of attorney(s) used by me in connection with this accident/injury, and I instruct you, my attorney, to do the same.

Please acknowledge this letter by signing below and returning to Michigan Advanced Pain & Spine. I have been advised that if my attorney does not wish to cooperate in protecting the interest of Michigan Advanced Pain & Spine, the office will not await payment but may declare the entire balance due and payable.

Dated: _____ Client _____

The undersigned, represented by his/her attorney of record, does hereby agree to observe all the terms of the above and agree to withhold such sums from any settlements, judgments, or verdict, as may be necessary to adequately protect and fully compensate Michigan Advanced Pain & Spine. Attorney further agrees that in the event this lien is litigated, the prevailing party will be awarded attorney's fees and costs.