

Spine and Orthopedic Center, P.C.
Dr. Rajiv Sood & Dr. Pran Sood, M.D.

1287 Georgia 138 Spur, Suite # 8
Jonesboro, Ga 30236

LIEN AGREEMENT FOR SERVICES RENDERED TO:

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

ATTORNEY ON BEHALF OF THE ABOVE MENTIONED PAITIENT, JOINTLY ENTER INTO THIS LIEN:

NAME OF FIRM: _____

ADDRESS: _____

ATTORNEY: _____

PHONE: _____

FAX: _____

THE ABOVE PARTIES ENTER INTO THIS LIEN ON THE ____ DAY OF ____ 20 ____.

Between Spine and Orthopedic Center, P.C. located 1287 GA 138, Spur Suite #8 Jonesboro, GA 30236.

DATE OF ACCIDENT: _____

I hereby authorize and direct you, my attorney, to withhold from my settlement, judgment or verdict and pay directly to Spine and Orthopedic Center, P.C./ Dr. Rajiv. Sood all sums due for services. Starting on the above beginning dates for all services rendered as a result of this case. I further give a lien on my case and authorize that these funds be withheld prior in disbursement to any other individual or entity including myself, my attorney and the firm. In the event of change of representation to a new change prior to any settlement. A New lien must be made within 5 working days of the patient and attorney departure. I authorize my attorney to provide the provider with contact information from my files. This agreement is solely for the said provider's additional protection and in consideration of their waiting payment. I understand that I am directly responsible to said provider for all professional services rendered to me. I understand that such payment is not contingent or any settlement judgment, or verdict and are payable upon demand.

Signature of Patient:

Date:

I undersign being attorney of record for the above patient does hereby agree to comply withal the terms of the above and agree to with-hold such sums from any settlement, judgment, or verdict to adequately protect the said provider name above.

Signature of Attorney:

Date: