



Greenwich Health, PLLC
 Julie Huang-Lionnet, MD
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Board Certified Anesthesiology
 Subspecialty Certification in Interventional Pain Management
 Certified in Venous, Regenerative and Cosmetic Medicine
 F: 203.900.3998 or 203.902-0166 • www.greenwichhealth.org

MEDICAL LIEN

To Attorney: _____

RE: Reports and Lien for: _____
 (Patient Name)

Date of Accident: _____

- I. I do hereby authorize the above doctor/medical facility to furnish, you, my attorney, with a full report, diagnosis, treatment plan, prognosis, etc. for myself in regard to the accident in which I was involved.
- II. I hereby authorize and direct, you, my attorney, to pay directly to said doctor/medical facility such sums as may be due and owing said doctor/medical facility for medical services rendered to me by reason of this accident and to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor/medical facility except in the event that there is a partial or full settlement; a judgment, verdict or decision on the merits by a court of law; or a decision on the merits by means of arbitration, on the no-fault claims in connection with said accident submitted on my behalf, as the assignor of the no-fault benefits, by the said doctor/medical facility, as the assignee of no-fault benefits.
- III. I further give a lien on my case to said doctor/medical facility against any proceeds of any settlement, judgment or verdict which may be paid to you, my attorney, or to myself, as the result of the injuries for which I have been treated or injuries in connection therewith except in the event that there is a partial or full settlement; a judgment, verdict or decision on the merits by a court of law; or a decision on the merits by means of arbitration, on the no-fault claims in connection with said accident submitted on my behalf, as the assignor of the no-fault benefits, by the said doctor/medical facility, as the assignee of no-fault benefits.
- IV. The "except" language enumerated in paragraphs II & III become inoperative when no-fault benefits are denied based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor. Should the said "except" language of paragraphs II & III become inoperative, the remaining portions of said paragraphs shall remain applicable and controlling.
- V. In the case of automobile accidents, where no-fault regulations govern the medical reimbursement, this lien will be effective only to the extent of those applicable no-fault regulations.

 Signature of Patient or Responsible Party

 Print Name

 Date

The undersigned, being the attorney of record for the above patient, does hereby agree to observe the terms of the above and agree to observe the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict as may be necessary to adequately protect said doctor/medical facility above named.

 Signature of Attorney

 Print Name (Attorney)

 Date

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