



**Neurology
Center**
Of Las Vegas

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Shanker Dixit, MD

Board Certified, Neurology

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LIEN CONTRACT

Patient: _____

Date of Birth: _____

Address: _____

Phone: _____

Cell: _____

SS#: _____

Provider: _____

Accident Date: _____

Attorney: _____

Phone: _____

*Patient hereby grants Provider a lien, pursuant to Nevada law, inclusive, upon any sums awarded to Patient by judgment, or pursuant to a settlement or compromise, concerning the Accident, in the amount and to the extent of Provider's billed and invoiced charges.

*Patient hereby authorizes and directs Attorney to pay directly to Provider such amounts as may be due and owing to Provider for all services rendered to Patient.

*Patient further instructs Attorney to withhold such sums owed to Provider from any settlement, judgment, court ruling, or verdict relating to the Accident in order to compensate Provider, and shall tender payment in full to Provider, before disbursing any payment to Patient.

*Patient and Attorney acknowledge that Provider reserves the right, in its discretion, to assign its rights under this Lien Contract and the underlying Account Receivable to a third-party (the "Assignee") for any consideration that Provider deems sufficient. Patient and Attorney further acknowledge that they will be bound by this Lien Contract to the Assignee as if Assignee were the Provider. The amount Assignee pays Provider will not necessarily be the total amount of the billed charges.

*Patient and Attorney acknowledge that they are responsible for notifying Provider in the event Patient retains a new lawyer to represent Patient in connection with the Accident. If Patient retains a new lawyer, the new lawyer shall notify Provider in writing within forty-eight (48) hours of the retention that the new lawyer agrees to be bound by the terms of this Lien Contract.

*Patient authorizes Attorney and Provider to disclose information regarding the status of Patient's case to any Assignee.

*Patient represents that no person has stated, recommended, counseled, advised or otherwise suggested that Patient should not utilize any health insurance for services.

*Patient acknowledges that Assignee has the right to endorse and deposit checks made payable to Provider or Patient for dates of service for which Assignee has purchased from Provider the right to payment for those services. Patient further authorizes Provider and Assignee to bill directly any applicable insurance company for any medical payment or other benefits to which Patient may be entitled under Patient's motor vehicle insurance.

*The laws of the State of Nevada shall govern the validity, construction, performance and effect of this Lien Contract.

*Attorney and Provider shall execute any or all documents or instruments necessary or proper to effectuate the provisions and intent of this Lien Contract.

*Patient authorizes Provider to furnish Attorney a full and complete list of medications dispensed related to the Accident.

*This Lien Contract is enforceable to the maximum amount of \$\$ _____.

Patient signature: _____

Date: _____

AGREED: _____

Attorney signature

Date: _____