

INSIGHT INSTITUTE OF NEUROSURGERY & NEUROSCIENCE (IINN)

JAWAD A. SHAH M.D. P.C.

INSIGHT IMAGING

INSIGHT PAIN MANAGEMENT

INSIGHT PHYSICAL THERAPY & NEURO-REHAB CENTER

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Phone: (810) 275-9108
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RE: Lien against judgments/settlements

I, _____, understand that I am personally responsible for all charges for services provided to me by the physicians and non-physicians of Jawad A. Shah M.D. PC and its associates, Insight Radiologists P.C. referred to as Insight Imaging, Insight Pain Management Center and Insight Physical Therapy & Rehab Center, hereby referred to as IINN. I instruct my attorney to withhold from any and all judgments or settlements monies owed to IINN prior to any distribution of any judgments or settlements to me or other debtors. Any monies owed should be paid directly to IINN. I further grant IINN a Lien against any judgments or settlements, for any and all services from the first date of service, throughout the pendency of my litigation. I further extend this Lien to any settlements or litigation proceeds, including third party actions for payments of services provided by IINN, even if all or part of these services may in theory be covered by a health insurance carrier. It is my understanding, that if at a later time IINN receives duplicate payment from a third party for these services, that IINN will refund the excess to me.

Date Patient Signature

Date Guarantor Signature

I, _____, attorney for the above named patient, agree to comply with the above instructions.

Date Received in office: ___/___/____

Date

Attorney Signature

Date Received in office: ___/___/_____