



Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Injury Date: \_\_\_\_\_

### Radiology Services Agreement

The Hill Medical Corporation ("Provider"), agrees to provide radiology services to Patient in connection with injuries Patient has suffered and for which Patient obtains legal representation in connection with actual or contemplated legal proceedings ("Claim"). Patient acknowledges that (i) Patient is directly and fully financially responsible to Provider for all services rendered to Patient including, but not limited to services related to Patient's injuries, (ii) Provider has agreed to perform services on a delayed collection basis as an accommodation to Patient and Attorney; (iii) Providers charges are ordinary and customary charges for services provided on a delay collection basis; and (iv) Provider temporarily delayed collection from Patient for services in connection with Patient's injuries for not more than 3 years from the date of service, provided that Provider and its designated agents or assignees are permitted to proceed with collection in the event that Patient or Patient's Attorney fail to cooperate with Provider, fail to pay proceeds from the settlement sufficient to satisfy amounts owed to Provider, fail to respond to communications from Provider concerning the Claim, fail to pursue the Claim, the Claim is dismissed in any court or tribunal, or any other circumstance the in Providers reasonable discretion demonstrate that the likelihood that collection on the Claim will be insufficient to pay Provider. Patient hereby irrevocably assigns to Provider from the proceeds Patient receives as a result the Claim ("Proceeds") an amount equal to Provider's charges for all services rendered to Patient. Patient hereby grants to Provider a security interest in and lien against any and all Proceeds (collectively "Lien") paid or payable to Patient and/or to the attorney and law firm identified below and any subsequent or additional attorney representing Patient (collectively "Attorney") as security for payment of all charges and amounts Patient owes to Provider whether in connection with the Claim or not. Provider will not be required to bill any insurance or government payer in connection with Provider's services to Patient. Patient or Attorney, as the case may be, shall immediately forward to Provider payments received from any third-party in connection with or arising from Provider's services to Patient. In the event Patient obtains services from Provider not arising from or related to the Claim, Patient will be financially responsible for payment for such services pursuant to any applicable insurance, and if no insurance applies, at the time of service, or within thirty (30) days thereafter. Any unpaid amounts for services rendered to Patient not arising from or related to the Claim will be satisfied from the Claim proceeds otherwise payable to Patient.

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Christopher G. Hedley, M.D.	Warren W. Lam, M.D.	Gita A. Varaprasathan, M.D.	Angelos A. Konstas, M.D., Ph.D.
Andy A. Wang, M.D.	Richard A. Reed, M.D.	Reema M. Munir, M.D.	Luis B. Gutierrez, M.D.
Andrew T. King, M.D.	Jon M. Foran, M.D.	Saadia R. Chaudhary, M.D.	Danica C. Holt, M.D.
Babak A. Yaghmai, M.D.	Lakshmi C. Tegulapalle, D.O.	Jimmy J. Kang, M.D.	Emmy Yoshida, M.D.
Leonard V. Petrus, M.D.	Andrew B. Harris, M.D., Ph.D.	Heather G. Moreno, M.D.	Geraldine H. Chang, M.D.

Patient acknowledges that Patient's private health information under the Health Information Portability and Privacy Act of 1996 (HIPAA) will be provided to Attorney and others as directed by the Attorney or treating health care professionals. **Patient hereby authorizes Provider to release to Attorney a full report of any Provider services rendered to Patient, including diagnosis and conclusions.** Patient hereby instructs Attorney to pay Provider the entire amount of Provider's bill(s), without deduction or offset, for services rendered to Patient directly out of any Proceeds.

The undersigned Attorney, being attorney of record for the above patient, will comply with all of the terms stated herein, and agrees to withhold the amount necessary to satisfy the Lien from any Proceeds without deduction or offset. Patient hereby instructs Attorney to hold in Attorney's Client Trust Account and pay over such funds as may be necessary to discharge the Lien obligation to Provider. Attorney agrees to provide Provider with reasonable documentation to confirm the initiation and status of any legal action arising from the Claim. Attorney further agrees that if Patient secures other counsel in connection with the Claim, Attorney shall identify the new counsel to Provider and inform the new counsel in writing of this Lien.

This Agreement may be executed in counter-parts. A photocopy or fax copy of this Agreement shall be deemed an original.

**Patient:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_