

Attorney Lien

I hereby authorize and direct you, my attorney, to pay directly to **American Injury Network, Inc. (AIN)**, such sums as may be due and owing for medical services rendered to me by reason of this accident, and to withhold such sums from my settlement, judgment, or verdict as may be necessary to adequately protect **American Injury Network, Inc. (AIN)**. I hereby further give a lien on my case to said company against any and all proceeds of my settlement, judgment, or verdict which may be paid to you, my attorney, or myself, as a result of the injuries for which I have been treated or injuries in connection therewith. This lien shall also operate against my insurance company where direct payment may be obtained.

I hereby instruct that in the event another attorney is substituted in this matter, the new attorney honor this lien as inherent to the settlement and enforceable upon the case as if it were executed by him.

I further authorize any holder of medical information about me to release to my insurance carrier or its agent any information needed to determine these benefits payable for related services. I fully understand that I am directly responsible to **American Injury Network, Inc. (AIN)**, for all medical bills submitted by that company for service rendered and that this agreement is made solely for the additional protection of **American Injury Network, Inc. (AIN)**, in consideration of awaiting payment. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover said fee. If legal action is instituted to collect the whole or any portion thereof, I/we promise to pay such additional sum as the court may adjudge reasonable as attorney fees.

Please acknowledge this letter by signing below. I have been advised that if my attorney does not wish to cooperate in protecting the interest of **American Injury Network, Inc. (AIN)**, the company will not await payment, but will require me to make payment.

DATE

PATIENT/GUARDIAN SIGNATURE

GUARDIAN PRINTED NAME

PATIENT PRINTED NAME

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment, or verdict, as may be necessary to adequately protect **American Injury Network, Inc. (AIN)**.

DATE

ATTORNEY SIGNATURE