

VALLEY OF THE SUN INSTITUTE FOR PAIN MANAGEMENT
13835 North Tatum Boulevard, Suite 9-326
Phoenix, Arizona 85032
Telephone: 480.955-1515
Facsimile: 1.844.287.5554

PHYSICIAN'S LIEN

The undersigned hereby grants a lien to Valley of the Sun Institute for Pain Management for medical and other services provided to the below named patient/your client/insured.

The undersigned hereby authorizes and directs his attorneys, if any, or liability insurance carrier or Health Care Contractor, to pay directly to Valley of the Sun Institute for Pain Management such sums as may be due and owing for medical services rendered, no show charges, interest charges, account maintenance fees, lien filing fees, and report/copying fees accrued for services and treatment provided under this lien. The undersigned further authorizes the attorney or liability insurance carrier to withhold such sums from any settlement or judgment to the extent permitted by law.

The undersigned patient understands that he or she is directly and fully responsible to Valley of the Sun Institute for Pain Management for all medical bills, interest fees and no-show charges submitted for services.

In the event of a dispute regarding disbursement of funds under this lien, the patient and physician agree that the funds shall be held in the attorney's trust account or similar trust account. If the patient and physician cannot informally resolve their dispute within 30 days of disbursement of other funds received as a result of settlement, judgment or other recovery arising out of the injury, the dispute shall be subject to mandatory arbitration within a 30 day period of notification that the dispute cannot be resolved. Notification shall be in writing. The physician shall pick an attorney as an arbitrator, and the patient shall pick a separate attorney not associated with his personal injury case/and or the firm that has represented him in this personal injury accident. The two arbitrators shall pick a third arbitrator who has no association to either attorney and/or case or current case. The three shall informally make recommendations within an additional 30 days, with the head arbitrator's decision being binding.

DATED: _____ PATIENT'S SIGNATURE: _____

DATED: _____ ATTORNEY'S SIGNATURE: _____

ATTORNEY: Please date, sign and return one copy of this lien to Valley of the Sun Institute for Pain Management at once. Keep one for your records.

IN OFFICE USE ONLY:	
Verified: _____	at _____
By _____	_____
Date _____	_____
Sent _____	_____
Return _____	_____