

Gateway Radiology Consultants, P.A.
4800 Park Blvd
Pinellas Park, FL 33781
(727) 525-2121
2100 1st Avenue South
St. Petersburg, FL 33712

Date _____

Patient Name (Printed) _____

Date of Accident _____

Insurance Company _____

Claim Number _____

Adjuster Name _____

I, the undersigned patient, agree to pay for services rendered by Gateway Radiology Consultants, P.A. (GRC), and hereby consent that this agreement constitutes an irrevocable lien against any recovery of proceeds paid by any insurance company or from whatever source, including, but not limited to, PIP coverage, bodily injury coverage, health insurance coverage, uninsured/underinsured motorist coverage, medical payments coverage, general liability coverage, the at-fault person or their insurance coverage, or any other insurance coverage or source that may be available to pay me for my medical bills or my damages stemming from an accident or incident occurring on the above-referenced date. Further, I agree that this agreement shall constitute an irrevocable lien against any recovery resulting from a judgement or verdict obtained in the pursuit of my claim.

This lien is provided to me in consideration of GRC's agreement to refrain from any collection efforts against me, the patient, until my claim stemming from the above referenced accident or incident is paid by insurance, settled, resolved in litigation, or abandoned. The undersigned patient agrees that he/she has a duty to keep GRC informed of insurance changes and the current status of his/her claim, immediately advising GRC of the resolution or verdict, whether favorable or not, or abandoned. I, the undersigned patient, understand that if there is insufficient insurance coverage or my claim results in an insufficient recovery or in no recovery at all, I shall remain fully and personally obligated to pay my bill owed to GRC.

I, the undersigned patient, further authorize and irrevocably instruct my attorney(s) to withhold such sums from the monies recovered on my behalf (from insurance companies or any other source as described above). And, if necessary, deposit any disputed amount in the registry of the Court of Pinellas County, Florida. The parties agree that GRC is an interested party in the outcome of my claim for damages, and shall remain an interested party, until the balance owed to GRC is paid in full. I acknowledge my understanding that this lien shall remain in full force and effect even if I should decide to substitute counsel or represent myself.

Patient's Signature

Date

Sonya Soriano, Administrative Director

Date