



FINANCIAL POLICY; MEDICAL LIEN
Endure Urgent Care

I hereby authorize Endure Urgent Care to furnish my attorney, case manager and other related entity with a full report of examination, diagnosis, treatment, prognosis, etc. of myself in regard to the incident in which I was involved.

I hereby authorize and direct my attorney to pay directly to said provider such sums as may be due and owing him for medical services rendered to me both by reason of this incident and by reason of any other settlement, judgment or verdict as may be necessary.

I hereby further give a lien on my case to said provider against any and all proceeds of any settlement, judgment or verdict which may be paid to my attorney, or myself as the result of the injuries for which I have been treated or injuries in connection therewith.

I fully understand that I am directly and fully responsible to said provider for all the medical bills submitted by him for services rendered me and, that this agreement is made solely for said provider's additional protection and in consideration of his 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.

I agree that if I change attorneys, that this agreement will remain in force and effect and that I will notify any subsequent attorney of this lien and notify you of the name, address and telephone number of my new attorney.

I agree to waive the running of any statute of limitation pursuant to Code of Civil Procedure Section 360.5, for the collection of monies for any services you provided to me.

This agreement cannot be changed, altered or modified without written consent of the medical provider.

Printed Patient Name

Date

Patient Signature