

**NOTICE OF DOCTOR'S LIEN**  
**(UNDER CALIFORNIA STATE INSURANCE CODE G10130)**

To: Attorney:

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\_\_\_\_\_

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TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

<p style="text-align: center;"><b>PEGASUS IMAGING, LLC</b> dba: Open MRI of Long Beach Open MRI of Fullerton Tax ID: 84-2355574 4300 Long Beach Blvd. STE 170 Long Beach, CA 90807 Tel: (562) 444-5445 ♦ Fax: (562) 337-8051 email: info@pegasusmri.com</p>
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Patient ID: _____
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RE: Medical Reports and Doctor's Lien

I do hereby authorize Pegasus Imaging, LLC to furnish you, my attorney, with a full report of the examination, diagnosis, etc. of myself in regard to the accident in which I was involved on the date(s) listed below.

I hereby authorize and, direct you, my attorney, to pay to Pegasus Imaging such sums as they be due and owing to Pegasus Imaging for radiology services rendered to me by reason of this accident and by reason of any other bills that are due to Pegasus Imaging and to withhold such sums from any settlements, judgment or verdict as may be necessary to adequately protect and reimburse Pegasus Imaging. And I hereby further give a lien on my case to Pegasus Imaging against any and all proceeds of any settlement, judgment or verdict which may be paid to you, 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 and fully responsible to Pegasus Imaging for all ckaims submitted by Pegasus Imaging for imaging services rendered to me and that this agreement is made solely for Pegasus Imaging's additional protection and in considerations of Pegasus Imaging's 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.

Date of injury: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

DRIVER:

PASSENGER

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**Acknowledgment of Attorney**

The undersigned, being attorney of record for the above patient does hereby agree to observe any and 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 PEGASUS IMAGING.

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

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

**This office holds an assigned lien on this Case for services rendered. Any settlement of this claim without honoring this agreement lien will cause you to be responsible to this office for the payment.**

Attorney: Please date, sign and return one copy to the above listed office. Thank you.