



**MRIhealthgroup**

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| SUPPORT@MRIHEALTHGROUP.COM |

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

I, (Attorney) \_\_\_\_\_, acknowledge this medical lien on the legal claim proceeds of the above mentioned patient. Upon settlement and distribution of proceeds from the legal claim. I will contact MRIhealthgroup to satisfy the lien.

If I no longer represent the patient/client I will provide any and all applicable insurance carrier and/or subsequent attorney information to MRIhealthgroup representatives so they may assert their lien on the claim.

How should we contact your office? (circle)      Email      or      FAX

Office Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Please sign and fax to (800) 467-1066 or email to support@mrihealthgroup.com**

Upon receipt we will forward MRI results and all related medical records to your office.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date