

# North Shore Medical Imaging

MRI | X-Ray | Mammography | Ultrasound | Bone Density

## North Vancouver

Head Office  
139 West 16th Street  
North Vancouver, BC V7M 1T3  
Tel: 604 987 9729  
Fax: 604 984 8395

## West Vancouver

Hollyburn Medical Centre  
110 - 575 16th Street  
West Vancouver, BC V7V 4Y1  
Tel: 604 922 9141  
Fax: 604 922 6348  
[www.nsmi.ca](http://www.nsmi.ca)

## MRI Financial Services Agreement and Authorization

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

Firm Name: \_\_\_\_\_

Lawyer's Tel & Fax No: \_\_\_\_\_

Lawyer's Email: \_\_\_\_\_

Lawyer's File No: \_\_\_\_\_

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

Patient's Date of Birth: \_\_\_\_\_

Patient's Tel & Fax No: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

The undersigned patient ("Patient") and lawyer ("Lawyer") acknowledge and agree to the following terms of this agreement between the undersigned and NSMI

1. Patient has been injured in an accident detailed above, has retained Lawyer to act on their behalf, wishes to obtain Medical Resonance Imaging ("MRI services") from NSMI and to defer payment for such services.
2. Patient authorizes and directs Lawyer to discuss their injuries and medical profile with NSMI in order to enable NSMI to provide MRI services to Patient. This authorization and provision of information shall not be considered a waiver of any privilege.
3. Patient irrevocably authorizes and directs:
  - (a) NSMI to forward the bill ("NSMI bill") for provision of MRI services to Patient directly to Lawyer;
  - (b) Lawyer to pay the bill owing by Patient to NSMI together with interest as set forth herein forthwith upon receipt of, and from the proceeds received by Lawyer as a result of the accident referred to above notwithstanding that such proceeds may be received from a settlement, judgment, disbursement recovery or any other source
4. The parties hereto agree that if there is no recovery of financial damages as a result of the subject accident then no funds will be owed by Patient or Lawyer to NSMI.
5. Patient understands that interest will accrue and be paid at the rate equal to 10% per annum calculated annually, not in advance, from the date of completion of the MRI services for Patient until the NSMI bill is paid in full.
6. Patient and Lawyer understand that this agreement is irrevocable and shall apply to any cause of action with respect to the subject accident.
7. Patient agrees to immediately notify NSMI in writing if they change their lawyer or terminate their lawyer. If Patient receives a settlement of their accident claim directly when a lawyer is not involved then Patient agrees to immediately pay NSMI directly, the full balance owing NSMI bill, including all accrued interest.
8. Lawyer acknowledges they are the counsel of record for the Patient in connection with the subject accident. Lawyer agrees with NSMI to:
  - (a) withhold from any settlement, judgment proceeds, or disbursement reimbursement recovered on behalf of Patient for the subject accident the amount owing to NSMI and to forward such amount together with interest as set forth in this agreement;
  - (b) notify any lawyer who may become substitute or replacement counsel on behalf of Patient with respect to the accident of the existence of this agreement;
  - (c) make best efforts by undertakings to have any substitute or replacement counsel abide by the terms of this agreement.

Dated at North Vancouver this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**North Shore Medical Imaging Inc.**

Per: \_\_\_\_\_

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Lawyer signature

Dr. Sven Aippersbach, MD  
Dr. Simon Bicknell, MD

Dr. Patrick Llewellyn, MD  
Dr. Catherine Phillips, MD

Dr. Kevin Rowan, MD  
Dr. David Spouge, MD

Dr. Jenny Su, MD  
Dr. Andrew Thompson, MD

Dr. Sean Yoshida, MD