

NOTICE OF LIEN

[Date]

[Insurance Carrier Name/Attorney Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Workers' Compensation Subrogation Lien

Claimant: [Injured Worker Name]

Date of Loss: [Date of Incident]

Claim Number: [Claim Number]

Your Insured/Client: [Third Party Name]

To Whom It May Concern:

Please be advised that [Insurance Company/Employer Name] provides workers' compensation coverage for the employer of the above-named claimant. Pursuant to [Insert State Statute Number], this letter serves as formal notice of our subrogation lien against any settlement, judgment, or recovery arising out of the incident occurring on [Date of Loss].

To date, we have paid the following benefits regarding this claim:

- Medical Benefits: \$[Amount]
- Indemnity/Wage Loss: \$[Amount]
- **Total Lien Amount to Date: \$[Total Amount]**

This lien is ongoing and will include any future payments made for medical treatment or disability benefits. We request that you include our company's name as a payee on any settlement drafts or contact the undersigned directly to satisfy this lien before any funds are disbursed to the claimant.

Please acknowledge receipt of this notice and provide us with the current status of the liability claim. Should you require an itemized statement of benefits paid, please let us know.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Phone Number]

[Email Address]