

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Lien Holder Name/Collection Agency]

[Attention: Lien Department]

[Address]

[City, State, Zip Code]

RE: Notice of Final Settlement and Lien Resolution

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date]

Account/Reference Number: [Account Number]

Total Lien Amount: \$[Amount]

To Whom It May Concern,

Please be advised that the personal injury claim for the above-referenced patient has reached a final settlement. We are now in the process of distributing the settlement proceeds and wish to resolve the outstanding medical lien held by your facility.

Based on the recovery amount and after deducting attorney's fees and legal costs, we are proposing a final satisfaction of this lien in the amount of **\$(Proposed Reduced Amount)**. This offer represents a fair and equitable distribution under the "Made Whole" and "Common Fund" doctrines, ensuring all parties receive a proportional share of the limited recovery.

Acceptance of this payment shall constitute full and final satisfaction of all claims, liens, or demands your facility may have against our client and this settlement. Upon receipt of your written acceptance, we will issue a check immediately.

Please sign below to indicate your acceptance of this resolution and return this letter via [Fax/Email] to our office.

Sincerely,

[Your Signature]

[Your Printed Name]

ACCEPTANCE OF LIEN RESOLUTION:

The undersigned hereby accepts the amount of \$_____ as full and final payment for the lien referenced above.

Signature: _____

Name/Title: _____

Date: _____