

[Attorney Name]
[Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Medical Provider Name]
[Billing/Records Department]
[Address]
[City, State, Zip Code]

RE: LETTER OF REPRESENTATION AND MEDICAL LIEN

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Incident: [Date of Accident/Injury]
Our File Number: [Claim/File Number]

To Whom It May Concern:

Please be advised that this office represents the above-named client regarding injuries sustained in the incident referenced above. This letter serves as formal notice of our legal representation.

Notice of Lien

By this writing, we hereby provide notice of a medical lien against any recovery, settlement, or judgment obtained on behalf of our client. We request that you satisfy your outstanding medical bills through this office upon the resolution of the client's legal claim. Please do not send our client's accounts to collections during the pendency of this matter.

Request for Records and Billing

Please provide our office with the following items as soon as possible:

- A complete copy of all medical records related to the treatment of the patient for this incident;
- A certified itemized billing statement for all services rendered to date;
- A current statement of any outstanding balance.

Attached is a signed HIPAA-compliant medical authorization for the release of these records.

Please confirm receipt of this lien and provide the requested documentation at your earliest convenience. If you have any questions, please contact our office directly.

Sincerely,

[Signature]

[Printed Name of Attorney]

[Law Firm Name]

ACKNOWLEDGMENT OF LIEN:

The undersigned Medical Provider hereby acknowledges receipt of this notice and agrees to the terms of the medical lien as stated above.

Authorized Signature (Medical Provider)