

[Sender Name/Insurance Company]
[Department]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name/Claims Adjuster]
[Recipient Company/Insurance Carrier]
[Address]
[City, State, Zip Code]

Re: NOTICE OF SUBROGATION LIEN

Claimant: [Name of Insured/Injured Party]
Our Claim Number: [Claim Number]
Your Insured: [Name of Opposing Party]
Your Claim Number: [Your Claim Number]
Date of Loss: [Date of Incident]

To Whom It May Concern,

Please be advised that [Insurance Company Name] provides insurance coverage to [Name of Insured] and has made, or will make, payments for damages and/or medical expenses resulting from the above-referenced incident.

Pursuant to the terms of our insurance policy and applicable state laws, [Insurance Company Name] hereby asserts its right of subrogation and maintains a lien against any settlement, judgment, or recovery arising from this matter.

Currently, our subrogation interest totals \$[Amount Paid to Date]. However, this amount is subject to change as additional bills are processed. We will provide a final itemized statement of our lien once all payments have been finalized.

Please include our company name as a co-payee on any settlement check or draft issued in connection with this claim. Do not distribute any funds until our lien has been satisfied in full.

Kindly acknowledge receipt of this notice. If you require further documentation or have any questions, please contact me directly at [Phone Number].

Sincerely,

[Signature]
[Printed Name]
[Title]