

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Lienholder Name]

[Lienholder Address]

[City, State, Zip Code]

RE: NOTICE OF SETTLEMENT

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Injury]

Your Reference/Account Number: [Account Number]

To Whom It May Concern,

Please be advised that the personal injury claim for the above-referenced patient has reached a settlement. We are currently in the process of finalizing the distribution of funds.

According to our records, your office holds a medical lien or balance against this recovery in the amount of \$[Amount].

Before we issue payment, we request that you provide a final, itemized statement of charges. Additionally, we are requesting a reduction of this lien to assist in the final resolution of this matter. Please let us know if you are willing to accept \$[Proposed Reduced Amount] as full and final satisfaction of this lien.

Please provide your final balance and your response to our reduction request in writing by [Date].

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]