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**Letter to Patient whose Attorney refuses to sign**

**Assignment of Benefits form (Doctor’s Lien)**

Date

Patient’s Name

Address

City, State Zip

Dear Patient:

As you are aware, this office is providing treatment to you for your worker’s compensation/personal injury claim arising out of an incident on (date) . At or near the commencement of treatment, you signed an Assignment of Benefits form (doctor’s lien) to defer any balance due in our office until the time a settlement or verdict is made on this claim. An important aspect of that form provides you with the courtesy of deferring immediate payment of your necessary chiropractic treatment charges until a later date which may be more convenient following a settlement or jury verdict. You were provided with a copy of the form when it was signed. A copy of that form was also mailed to our attorney on requesting that he acknowledge all of the terms of that form.

As of this date, your attorney has not signed and returned the Assignment of Lien form or provided our office of any other type of written assurance that payment for your treatment expenses will be provided in the future. We would greatly appreciate your assistance in discussing this matter with your attorney in order to insure that there is this essential communication with our office. Please note that it is our office policy to consider discontinuation of your treatment or suitable payment arrangements if we do not receive appropriate written acknowledgment of the form from your attorney within days following our initial correspondence with your attorney. As part of any payment arrangement, will require some acceptable amount of payment in order to provide future treatment.

If chiropractic treatment is discontinued, you will need to promptly make suitable arrangements for payment of your outstanding balance. We certainly hope to avoid this situation since we understand that you are benefitting significantly from chiropractic treatment during this difficult financial situation. As such, please review this matter with your legal representative so that this matter is promptly addressed. Please do not hesitate to contact our office should you have any further questions or concerns.

Sincerely,

Doctor/billing representative

cc: Patient’s Attorney

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