**Notice to Attorney or Third Party About Procedure to be Taken Following Settlement or Verdict with a Patient who Signed Assignment of Benefits Form (“Doctor’s Lien”)**

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Date

Mr./Mrs. Anybody

Anywhere Address

Someplace, State Zip

 RE: Patient/Insured:

 Date of Incident:

Dear Attorney/Mr./Mrs.:

[**PARAGRAPHS TO BE USED WITH ATTORNEY**]

 Please be advised that I have consulted with for treatment of injuries arising out of an accident which occurred on . It is my understanding that your office provided/is providing legal representation of and that you are aware of/personally signed a document labeled Assignment of Benefits. A copy of that document signed by your client/you and your client is enclosed for your reference.

 My office would ask that keep us advised as to the status of your representation of this client on a regular basis. You should also avoid disbursing any settlement proceeds to this patient without first making satisfactory arrangements for payment of the outstanding balance owed to this office. You and/or your client are/is authorized to contact this office at any time to verify the current balance owed for treatment of . Please insure that this office’s doctor’s lien is adequately protected in the event of any litigation or settlement as required by the legal case of Riegleman v. Krieg and Warshafsky, et al. 2004 WI App. 85, (2004) and the resulting ethics requirements. In the event that litigation is filed, please insure that this office is notified of the litigation and/or made an additional party to that litigation as a lien holder with respect to that claim.

Please do not hesitate to contact this office with any questions you might have regarding the enforceability and compliance with this Assignment of Benefits form. Thank you for your anticipated cooperation with this matter.

[**PARAGRAPHSTO BE USED WITH THIRD PARTY LIABILITY INSURER**]

 Please be advised that I have consulted with for treatment of injuries arising out of an accident which occurred on . It is my understanding that your company may be providing benefits as indemnification for the injuries incurred by this patient and that your company is aware of a claim presented by this patient and/or his/her attorney. I wanted you to be aware that this patient has signed an Assignment of Benefits form authorizing the treatment charges from this office to be paid from any settlement or verdict arising from this matter. A copy of the Assignment of Benefits form is enclosed for your reference.

 We want to insure that no disbursement is made on behalf of this patient without your company’s compliance with the Assignment of Benefit form. As such, you should insure that any financial disbursement made on behalf of this patient either includes this office as an additional payee or sets aside a portion of the proceeds for direct payment to this office. please do not hesitate to contact this office in order to obtain current information on the balance owed for treatment of this patient prior to any disbursement.

Please do not hesitate to contact this office with any questions you might have regarding the enforceability and compliance with this Assignment of Benefits form. Thank you for your anticipated cooperation with this matter.

 Sincerely,

 (Treating Doctor)

cc: Patient

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