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**Notice to Attorney or Third Party regarding Existence of Assignment of Benefits Form (Doctor’s Lien)**

Date

**SENT VIA CERTIFIED & REGISTER MAIL**

Attorney/Insurance Company

Address

Address

 RE: Patient:

 Your Insured:

 Your Claim #:

 Date of Incident/Accident:

Dear :

 This office has been providing chiropractic treatment for the above-referenced patient in relation to an automobile accident/workers compensation injury which occurred on or about . This letter is intended to notify you of the existence of a “doctor’s lien” arising from the patient’s signature of this office’s Assignment of Benefits form. A true and correct copy of that signed document dated is enclosed for your reference.

 As noted in the form, this office has a legally recognized interest in receiving a portion of any benefits recovered on behalf of this patient in a pending personal injury/workers compensation claim. Please insure that this office’s interest to full reimbursement for current and future treatment expenses is satisfied from any recovery, settlement, or judgment. *[As an alternative to this second sentence when corresponding with an insurance company:* Please insure that this office’s interests are protected in the event that any payment is made for or on behalf of this patient. We would propose that any draft involving this patient also list this office: “*(office name)*“, as an additional payee.] In the event that litigation is filed, please insure that this office is named as an additional party in that litigation as a party of interest. In any event, please insure that this office is regularly advised as to the status of the matter; particularly in the event of any settlement or judgment.

 Please do not hesitate to contact this office should you have any question regarding the current balance of treatment charges or arrangements for satisfaction of this office’s legal claim for reimbursement in this matter. Thank you.

 Sincerely,

 Doctor’s Office

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