



LIEN LETTER

(Insurance Company Name and Address)

RE: Claim Number _____

Dear _____,
 (Adjuster's Name)

This letter is in reference to _____, who is a patient of Sport and Spine Rehab. In order to receive payment for all medical bills, Sport and Spine Rehab would like to place a lien for all services rendered relating to the patient's injury date of _____. We would like payment send directly to Sport and Spine Rehab. Enclosed is a copy of the patient's Authorization and Assignment form authorizing payment.

I, _____, authorize _____ to forward payment directly

(Patient's Name)

(Insurance Company)

to Sport and Spine Rehab at the following address:

Sport and Spine Rehab
 9300 Livingston Road
 Fort Washington, MD 20744

You may contact the Patient Service Center at 240-766-0300.

Sincerely,

Patient Experience Representative

Patient Signature

Date _____

Date _____