



**Notice of Physician Lien**

Date: \_\_\_\_\_

**Attorney Information:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

We have been notified by our patient, that is listed above, that you are currently representing them and their healthcare treatment in an open case due to an injury. We claim a lien, right or cause of action for reasonable charges for medical services rendered on account of such injuries. This lien is claimed pursuant to 770 ILCS 23/10 providing for a lien for physicians rendering treatment to injured persons.

You are further notified that any money paid in settlement on this claim or in settlement or payment of any judgement or decree on this claim is subject to this lien, and before making settlement, you should consult with me and see that this lien is satisfied. In order for our office to continue treatment, this letter will need to be signed, dated, and faxed back before the patient's next appointment.

Please sign/date below and fax or email back to Andrea Hartman.

ahartman@ppsichicago.com

Phone: (847) 519-4701 ext. 120

Fax: (847) 519-4707

Patient Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_

Date: \_\_\_\_\_