

**Motor Vehicle Accident Patients:**

To ensure payment will be met for services rendered, a lien **may be** filed once an attorney becomes involved. The lien will be against the insurance company responsible for payment, the at-fault-driver and the patient, respectively. The charge for filing the lien is \$105 and responsibility for payment is in the order mentioned in the previous sentence. Initials \_\_\_\_

Please answer the following question to ensure accurate filing information:

1. Location of accident, city, state:\_\_\_\_

---

---

---

2. Date of accident:

---

---

---

3. Name of at-fault driver:

---

---

---

Address of at-fault driver:

---

---

---