**Notice of Medical Lien**

Dear Attorney or Auto Insurance Medical Adjustor:

Please be advised that your client is being treated in this office for injuries suffered in a recent accident. My patient/your client and I have agreed to defer payment of my fees pending resolution of legal matters surrounding this claim. To protect my interests, and with the consent of my patient, I have filed a medical lien. This lien will be timely authorized for release when the case is settled and my fees have been paid.

In the event you neglect to satisfy the debt, my patient/your client understands and agrees s/he will be held responsible.

Please notify me of any plans to settle the case or with any requests for records which my patient hereby authorizes.

For your records, my information is as follows:

Practice Name and Location: Copper Valley Medical, LLC

 4955 S. Alma School Road, Ste 10

 Chandler, Arizona 85248

 Fax: (602) 680-1025

 Phone: (602) 566-2015

 Secure Email: Info@coppervalleymedical.com

Physician Credentials: Don Selvey, NMD, MS, PLLC

 EIN: 37-1776642

 NPI: 1770913048

Should you have any questions, please contact Dr. Selvey directly.

Client/Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_