

Medical Lien Procedures

Presented by:
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Medical Lien Procedures

RCW 60.44.010

Liens authorized

Every operator, whether private or public, of an ambulance service or of a hospital, and every duly licensed nurse, practitioner, physician, and surgeon rendering service, or transportation and care, for any person who has received a traumatic injury and which is rendered by reason thereof shall have a lien upon any claim, right of action, and/or money to which such person is entitled against any tort-feasor and/or insurer of such tort-feasor for the value of such service, together with costs and such reasonable attorney's fees as the court may allow, incurred in enforcing such lien: PROVIDED, HOWEVER, That nothing in this chapter shall apply to any claim, right of action, or money accruing under the workers' compensation act of the state of Washington, and: PROVIDED, FURTHER, That all the said liens for service rendered to any one person as a result of any one accident or event shall not exceed twenty-five percent of the amount of an award, verdict, report, decision, decree, judgment, or settlement.

RCW 60.44.020

Notice of Lien-Contents-Filing

No person shall be entitled to the lien given by RCW [60.44.010](#) unless such person shall, within twenty days after the date of such injury or receipt of transportation or care, or, if settlement has not been accomplished and payment made to such injured person, then at any time before such settlement and payment, file for record with the county auditor of the county in which said service was performed, a notice of claim stating the name and address of the person claiming the lien and whether such person claims as a practitioner, physician, nurse, ambulance service, or hospital, the name and address of the patient and place of domicile or residence, the time when and place where the alleged fault or negligence of the tort-feasor occurred, and the nature of the injury if any, the name and address of the tort-feasor, if same or any thereof are known, which claim shall be subscribed by the claimant and verified before a person authorized to administer oaths.

RCW 60.44.030

Record of Claims

The county auditor shall record the claims mentioned in this chapter, which record must be indexed as deeds and other conveyances are required by law to be indexed.

RCW 60.44.040

Taking Note-Effect on Lien

The taking of a promissory note or other evidence of indebtedness for any services performed, as provided in this chapter, shall not discharge the lien therefor unless expressly received as a payment for such services and so specified therein.

RCW 60.44.050

Settlement of Damages-Effect on Lien

No settlement made by and between the patient and tort feisor and/or insurer shall discharge the lien against any money due or owing by such tort feisor or insurer to the patient or relieve the tort feisor and/or insurer from liability by reason of such lien unless such settlement also provides for the payment and discharge of such lien or unless a written release or waiver of any such claim of lien, signed by the claimant, be filed in the court where any action has been commenced on such claim, or in case no action has been commenced against the tort feisor and/or insurer, then such written release or waiver shall be delivered to the tort feisor and/or insurer.

Where To File A Medical Lien

The lien must be filed for recording with the County Auditor of the county in which the health-care services were performed.

You should send the original and one copy of the lien to your County Auditor:

King County

King County Administration Building
Records Division, Room 311
500 Fourth Avenue
(206) 296-1570
www.metrokc.gov/recelec/records

Snohomish County

Snohomish County Auditor
Recording Division
3000 Rockefeller Avenue, M/S 204
Everett, Washington 98201
(425) 388-3483
www.co.snohomish.wa.us/auditor/ArecDiv.asp

Kitsap County

County Clerk-M/S 34
614 Division Street
Port Orchard, WA 98366
(360) 337-7164
www.kitsapgov.com/aud

Island County

Island County Auditor
PO Box 5000
Coupeville, Washington 98239
(360) 679-7366
www.islandcounty.net

Pierce County

Pierce County Auditor
Recording Department
2401 South 35th Street, Room 200
Tacoma, WA 98409
(253) 591-7440
<http://auditor.co.pierce.wa.us/record.htm>

Thurston County Auditor

2000 Lakeridge Drive SW
Olympia, WA 98502
(360) 786-5224
www.co.thurston.wa.us/auditor

Costs To File A Medical Lien

The cost is \$42.00 for the first page, and \$1.00 for any additional pages. When figuring your cost, only count the number of pages in your original document. Checks should be made payable to Island County Records / King County / Pierce County/ Snohomish County.

Your copy will be returned to you in approximately three or four days, stamped "received" by the Records Divisions. The original will be returned to you in a couple of weeks after it has been recorded and microfilmed.

It is also good practice to send a copy of your Lien to the tort feisor's insurance company after it has come back from the Records Division with a received stamp on it. **It is important to send it to them REGISTERED MAIL, RETURN RECEIPT REQUESTED.**

The lien statute says that a lien may be enforced by a suit at law brought by the Health Care Practitioner within one year after the filing of such lien. Because of this, it is good practice to set up a system to tickle your calendars to re-file all liens within one year after filing the original lien. **You do not need to state the amount of your bill in the lien.**

The statute also says that all liens shall not exceed 25% of the amount of the settlement or judgment.

If you have any questions in filling out the lien form, an attorney can help you.

If you know the case has settled and you have not been paid, call Graham Lundberg & Peschel for immediate action. The statute permits you to recover your outstanding bill plus all costs and attorney's fees provided you have properly preserved your rights.

How To File A Medical Lien

To file your Medical Lien properly, fill in the blanks with the pertinent information regarding your patient and the case at hand.

The following sample lien indicates the correct information for the appropriate numbered lines.

1. "Claimant" is the name of health care provider who is providing the service.
2. "Patient" is the name of the injured person receiving treatment at your office.
3. "Tort- Feasor" is the person responsible for the patients injuries.
(For example, the name of the negligent driver of the other car.)
4. The name of the Tort Feasor's insurance company.
5. Claimant's address. This space is for the health care provider's address.
6. Patient's name.
7. Patient's address.
8. Location of the accident.
9. Date of accident.
10. Tort- Feasor's name.
11. Tort- Feasor's address.
12. Tort-Feasor's insurance company.
13. Description of injuries to patient. (For example, "neck and back injuries.")

REMEMBER:

The provider must sign the lien in the presence of a notary.

Return Address:

For a working medical lien see page 7 of this packet

NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

_____, (1) Claimant (Chiropractor)
_____, (2) Patient
_____, (3) Tort Feasor
_____, (4) Tort Feasor's Insurance Company

NOTICE IS HEREBY GIVEN that the undersigned Claimant, a licensed health care provider whose address is:
_____, (5)
has performed services for Patient _____, (6)
whose place of residence is _____, (7)
which services were rendered and necessary to said patient as a result of injuries which occurred at the following place:
_____, (8)
on the _____, (9) day of _____, 20____,
through the fault of _____, (10) Tort Feasor,
whose address is _____, (11)
and who is insured by _____, (12)

Claimant claims a lien for the reasonable value of services rendered as a result of the following generally described injuries sustained by the patient: _____
_____, (13)

I declare under penalty of perjury pursuant to the laws of the State of Washington that the foregoing is true and correct.

X _____
CLAIMANT (Health Care Provider)

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

SIGNED AND SWORN to on this _____ day of _____, 20____

X _____
NOTARY PUBLIC in and for the State of
Washington. My commission expires _____

Return Address:

For a working satisfaction of medical lien see page 8 of this packet

NOTICE OF SATISFACTION OF LIEN FOR MEDICAL SERVICES

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

_____, Claimant (Chiropractor)
_____, Patient
_____, Tort Feasor
_____, Tort Feasor's Insurance Company

NOTICE IS HEREBY GIVEN THE BELOW-DESCRIBED LIEN, FILED BY THE UNDERSIGNED, IS FULLY SATISFIED, THE PROVIDER HAVING BEEN PAID IN FULL.

Said lien is released, and all persons or entities previously named thereunder are discharged of any obligation.

Dated: _____

County of Record: _____

Auditor's record number: _____

After payment has been issued, a Satisfaction of Lien should be filed with the county, notifying them that the provider has been paid in full.

X
CLAIMANT (Health Care Provider)

of _____, 20 _____

X
NOTARY PUBLIC in and for the State of
Washington. My commission expires _____

Return Address:

NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

_____, Claimant (Health Care Provider)
_____, Patient
_____, Tort Feasor
_____, Tort Feasor's Insurance Company

NOTICE IS HEREBY GIVEN that the undersigned Claimant, a licensed health care provider whose address is:

has performed services for Patient _____
whose place of residence is _____
which services were rendered and necessary to said patient as a result of injuries which occurred at the following place:

on the _____ day of _____, 20____,
through the fault of _____, Tort Feasor,
whose address is _____
and who is insured by _____

Claimant claims a lien for the reasonable value of services rendered as a result of the following generally
described injures sustained by the patient: _____

I declare under penalty of perjury pursuant to the laws of the State of Washington that the foregoing is true and correct.

X _____
CLAIMANT (Health Care Provider)

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

SIGNED AND SWORN to on this _____ day of _____, 20 _____

X _____
NOTARY PUBLIC in and for the State of
Washington. My commission expires _____

Return Address:

NOTICE OF SATISFACTION OF LIEN FOR MEDICAL SERVICES

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

_____, Claimant (Health Care Provider)
_____, Patient
_____, Tort Feasor
_____, Tort Feasor's Insurance Company

NOTICE IS HEREBY GIVEN THE BELOW-DESCRIBED LIEN, FILE BY THE UNDERSIGNED, IS FULLY SATISFIED, THE PROVIDER HAVING BEEN PAID IN FULL.

Said lien is released, and all persons or entities previously named thereunder are discharged of any obligation.

Dated: _____

County of Record: _____

Auditor's record number: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)
X
CLAIMANT (Health Care Provider)

SIGNED AND SWORN to on this _____ day of _____, 20 _____

X
NOTARY PUBLIC in and for the State of
Washington. My commission expires _____