

MEDICAL LIEN PACKET

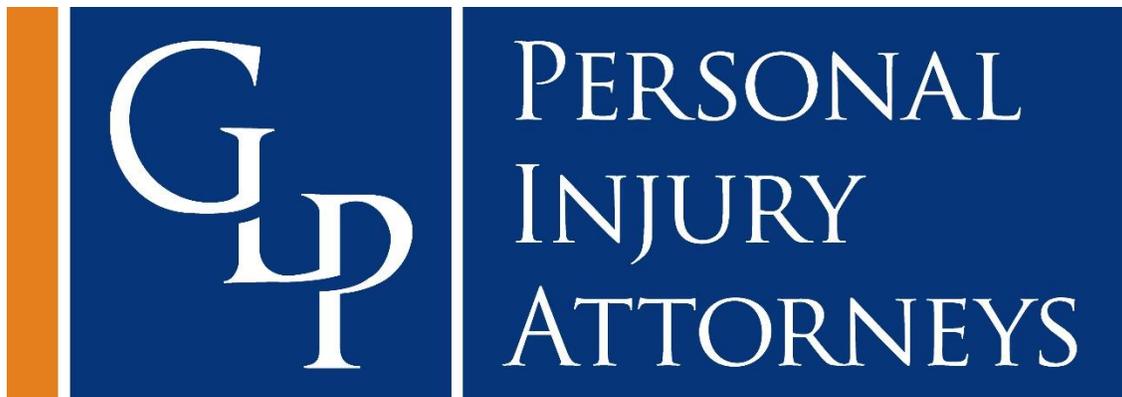


Table of Contents

- . RCW 60.44.010-60.44.060.....3
- . How to Complete a Lien.....5
- . Costs and Procedures.....6
- . Where to File a Lien.....7
- . Notice of Claim Form.....9
- . Notice of Satisfaction Form.....10
- . Notice of Claim Letter.....11
- . Follow-Up on Claim Letter.....12
- . Satisfaction of Lien Letter.....13
- . Sample Lien Disclosure Language.....14



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:

(1) In any effort to enforce the lien, either attempts to enforce the lien on his or her own behalf or designates a collection agency licensed under chapter 19.16 RCW to collect on his or her behalf;

(2) Discloses the person's use of liens under this chapter as part of the person's billing and collection practices; and

(3) 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, files 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 tortfeasor and/or insurer shall discharge the lien against any money due or owing by such tortfeasor or insurer to the patient or relieve the tortfeasor 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 tortfeasor and/or insurer, then such written release or waiver shall be delivered to the tortfeasor and/or insurer.

RCW 60.44.060 - Enforcement of Lien — Payment as Evidence — Release of Lien

(1) Such lien may be enforced by a suit at law brought by the claimant or his or her assignee within one year after the filing of such lien against the said tort feasor and/or insurer. In the event that such tort feasor and/or insurer shall have made payment or settlement on account of such injury, the fact of such payment shall only for the purpose of such suit be prima facie evidence of the negligence of the tort feasor and of the liability of the payer to compensate for such negligence.

(2) No more than thirty days after payment or settlement and acceptance of the amount due to the claimant or his or her assignee, the claimant or his or her assignee shall prepare and execute a release of all lien rights for which payment has been made and deliver the release to the patient. In any suit to compel deliverance of the release thereafter in which the court determines the delay was unjustified, the court shall, in addition to ordering the deliverance of the release, award the costs of the action including reasonable attorneys' fees and any damages.



HOW TO COMPLETE A LIEN FOR MEDICAL SERVICES

In order to complete a Notice of Claim of Lien for Medical Services properly, simply fill in the blanks on the lien form with the appropriate information as follows:

[1] “Claimant” in the Return Address box at the top of the form and as the first entry under the title needs to be completed with the name and address of the Healthcare Provider claiming the lien.

[2] “Patient” requires the name and address of the injured person to whom services are rendered for traumatic injuries caused by an accident.

[3] “Tortfeasor” requires the name and address of the person or entity responsible for the Patient’s injuries.

[4] “Insurer” requires the name of the Tortfeasor’s insurance company; also know as the “third party” insurance company.

[5] “Date and Time of Accident” needs to be filled in with as accurate of information as possible; note that the form already states “on or about.”

[6] “Location of Accident” again requires as accurate of information as possible; if the exact location is not known, then listing just the county would likely be sufficient.

[7] “Claim Number” of the third party insurance company, if known. It is sufficient to put “unknown” if the information is not available. However, providing the claim number will assist the insurance company in making sure the lien gets to the proper file.

[8] “Nature of Injuries” only requires very general terms, for example “neck and back,” or “spinal muscular injuries.” Detailed diagnoses and codes should not be used here.

[9] The healthcare provider claiming the lien must sign the lien, and his or her signature must be done in the presence of a Notary Public in order for the lien to be valid.



THE COSTS AND PROCEDURE TO FILE A LIEN FOR MEDICAL SERVICES

Currently (effective June 7, 2019) the cost to file a Lien for Medical Services is \$103.50 for the first page, and \$1.00 for each additional page. This file costs continues to increase almost annually, so it is a good idea to check with your county's auditor's office periodically to confirm the current cost. Your checks should be made payable to the county in which you are filing.

You now have the choice to file your lien on your own, or you can designate a collection agency licensed under RCW 19.16. There is no reason most healthcare providers cannot file a lien on their own.

You can either mail your lien or take it to the auditor's office to file over the counter. If you need a copy marked "received" immediately, you should either take an extra copy with you, or mail an extra copy with your original lien, along with a self-addressed, stamped envelope. If mailed, you will receive your copy in three or four days, and it will be stamped "received" by the Records Division, and it will have the date on it. The original will be returned to you within a week or so after it has been recorded and microfilmed.

Remember, it is imperative that you send a copy of your lien to the tortfeasor's insurance company, even if it is only the copy that is stamped "received" by the auditor's office, the copy to the insurance company puts it on notice of your lien. Also, it is important that you send the copy to the insurance company via **Certified Mail, Return Receipt Requested**. The receipt card that you get back in the mail is as important of a document as the lien itself: the receipt card is proof that the insurance company received notice of your lien.

ENFORCEMENT OF A LIEN

The medical lien statute provides that the lien is enforceable only if a lawsuit is commenced within one year of the date of filing the lien. Because of this time limitation, it is good practice to set up a system to recall the cases on which you have filed liens and periodically check on the status of the case with the insurance company. If the claim is still pending after eleven months, it is recommended that another lien is filed on the same case to avoid any lapses of enforceability. If you find out that the claim settled and your lien was not paid, **contact an attorney at GLP Attorneys immediately**. A lawsuit will have to be filed promptly in order to preserve your rights to enforce the lien against the insurance company.

Of course, if you have any questions about liens or other matters dealing with insurance or personal injury claims, call GLP Attorneys. One of our attorneys will be happy to answer your questions and address any concerns that you may have. We welcome your referrals, look forward to representing your patients' best interests, and appreciate your continuing confidence in our law firm.



Where to File a Medical Lien

The lien must be filed for recording with the Auditor of the county in which the health-care services were performed. You should send the original and one (1) copy of the lien to your county Auditor:

| | |
|---|--|
| <p>King County Recorder's Office 500 Fourth Ave., Suite 430 Seattle, WA 98104 Tel: (206) 477-6620 Fax: (206) 205-8396 http://www.kingcounty.gov/business/Recorders</p> | <p>Snohomish County Auditor Recording Division 3000 Rockefeller Ave M/S 204 Everett, WA 98201 Tel: (425) 388-3483 http://web5.co.snohomish.wa.us</p> |
| <p>Skagit County Auditor, Recording Department P.O. Box 1306 Administration Building Room 201 700 S. Second Street Mount Vernon, WA 98273 Tel: (360) 336-9311 Fax: (360) 336-9429 E-mail: screcording@co.skagit.wa.us</p> | <p>Whatcom County Auditor 311 Grand Avenue, Suite 103 Bellingham, WA 98225 Tel : (360) 676-6740 Fax : (360) 738-4556 http://www.co.whatcom.wa.us/auditor E-mail: recording@co.whatcom.wa.us auditor@co.whatcom.wa.us</p> |
| <p>Kitsap County Auditor County Clerk – MS-31 614 Division Street Port Orchard, WA 98366-4678 Tel: (360) 337-7129 Fax: (360) 337-4645 www.kitsapgov.com/aud E-mail: auditor@co.kitsap.wa.us</p> | <p>Pierce County Auditor Recording Department 2401 South 35th Street, Room 200 Tacoma, WA 98409-7484 Tel: (253) 798-7427 Fax: (253) 798-3182 www.co.pierce.wa.us/pc/abtus/ourorg/aud/ E-mail: pcauditor@co.pierce.wa.us</p> |
| <p>Mason County Auditor PO Box 400 411 N 5th Street Shelton, WA 98584 Tel: (360) 427-9670 ex. 468 http://wei.secstate.wa.gov/wei/mason E-mail: karenh@co.mason.wa.us</p> | <p>Thurston County Auditor Auditor – Building One 2000 Lakeridge Drive SW Olympia, WA 98502 Tel: (360) 786-5408 Fax: (360) 786-5223 www.co.thurston.wa.us/auditor</p> |
| <p>Lewis County Lewis County Auditor P.O. Box 29 351 NW North Street Chehalis, WA 98532 Tel : (360) 740-1156 Fax: (360) 740-1421 http://lewiscountywa.gov/auditor</p> | <p>Clark County Clark County Auditor P.O. Box 5000 1300 Franklin St #575 Vancouver, WA 98660 Tel : (360) 397-2310 Fax : (360) 397-6007 https://www.clark.wa.gov/auditor</p> |

Where to File a Medical Lien

The lien must be filed for recording with the Auditor of the county in which the health care services were performed. You should send the original and one (1) copy of the lien to your county Auditor:

| | |
|---|--|
| <p><u>Grant County</u> Grant County Auditor 35 C Street NW P.O. Box 37 Ephrata, WA 98823 E-mail: mjaderlund@grantcountywa.gov</p> | <p><u>Chelan County</u> Chelan County Auditor Recording Department 350 Orondo Avenue P.O. Box 400 Wenatchee, WA 98807 Tel: (509) 667-6800 http://www.co.chelan.wa.us/auditor</p> |
| <p><u>Walla Walla County</u> Walla Walla County Auditor County Courthouse Second floor, room 201 315 West Main Street P.O. Box 1856 Walla Walla, WA 99362 Tel: (509) 524 2549 https://wei.sos.wa.gov/county/wallawalla/en/pages/default.aspx E-mail: auditor@co.walla-walla.wa.us</p> | <p><u>Spokane County</u> Recording Department Spokane County Courthouse Second Floor 1116 West Broadway Avenue Spokane, WA 99260 Tel: (509) 477-2270 Fax: (509) 477-6451 https://www.spokanecounty.org/Auditor/content.aspx?c=1527</p> |
| <p><u>Franklin County</u> Franklin County Auditor 1016 N. Fourth Ave. P.O. Box 1451 Pasco, WA 99301 Tel : (509)545-3502 http://www.co.franklin.wa.us/auditor/</p> | <p><u>Douglas County</u> Douglas County Auditor 213 S. Rainier P.O. Box 456 Waterville, WA 98858 Tel : (509) 745-8527 Fax : (509) 745-8812 http://www.douglascountywa.net/departments/auditor/</p> |
| <p><u>Benton County – Prosser</u> Benton County Auditor 620 Market Street Prosser, WA 99350 Tel: (509) 736-2727 E-mail: auditor@co.benton.wa.us</p> | <p><u>Benton County – Kennewick</u> Benton County Auditor 5600 W. Canal Drive Kennewick, WA 99336 Tel : (509) 736-2727 E-mail: auditor@co.benton.wa.us</p> |

Return Address:
[CLAIMANT'S NAME]
[CLAIMANT'S ADDRESS]
[CLAIMANT'S ADDRESS]

NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

| | | |
|--|--|--|
| CLAIMANT: Name, Title, Address | | Must be a licensed health care practitioner under the laws of the State of Washington. |
| PATIENT: Name, Address, Residence | | A person who has received traumatic injuries for which Claimant has rendered services. |
| TORTFEASOR: Name, Address | | A person or entity against whom Patient has a claim or right of action for traumatic injury. |
| INSURER: Name, Address | | The insurer for Tortfeasor against whom Patient has a claim or right of action for traumatic injury. |

NOTICE IS HEREBY GIVEN that the above-named Claimant, whose signature is subscribed below, has rendered services and care for traumatic injuries suffered by the above-named Patient and caused by the alleged fault or negligence of the above-named Tortfeasor occurring on or about **[DATE AND TIME OF COLLISION]** at or near **[LOCATION OF COLLISION]**. Tortfeasor was insured by the above-named Insurer, which has Patient's claim or right of action pending under claim number **[CLAIM NUMBER]**. Claimant hereby claims a lien pursuant to RCW 60.44.010, et seq., for the value of said services and care for traumatic injuries suffered by Patient, which are generally described as **[NATURE OF INJURIES]**.

I declare under the penalty of perjury pursuant to the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge after reasonable inquiry.

State of Washington

[CLAIMANT HEALTH CARE PROVIDER]

County of _____

Subscribed and sworn to before me, this ____ day of _____, 20 ____.

(Notary Seal)

 (Signature of Notary)
 NOTARY PUBLIC

My commission expires _____

Return Address:
[CLAIMANT'S NAME]
[CLAIMANT'S ADDRESS]
[CLAIMANT'S ADDRESS]

NOTICE OF SATISFACTION OF LIEN FOR MEDICAL SERVICES

| | | |
|--|--|--|
| CLAIMANT: Name, Title, Address | | Must be a licensed health care practitioner under the laws of the State of Washington. |
| PATIENT: Name, Address, Residence | | A person who has received traumatic injuries for which Claimant has rendered services. |
| TORTFEASOR: Name, Address | | A person or entity against whom Patient has a claim or right of action for traumatic injury. |
| INSURER: Name, Address | | The insurer for Tortfeasor against whom Patient has a claim or right of action for traumatic injury. |

NOTICE IS HEREBY GIVEN that the below-described lien, filed by the above-named Claimant, has been satisfied to the extent required under RCW 60.44.010, et seq., and all persons or entities above-named are discharged thereunder.

Date Filed: _____
 County of Record: _____
 Auditor's Record Number: _____

I declare under the penalty of perjury pursuant to the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge after reasonable inquiry.

State of Washington

[CLAIMANT HEALTH CARE PROVIDER]

County of _____

Subscribed and sworn to before me, this ____ day of _____, 20____.

(Notary Seal)

 (Signature of Notary)
 NOTARY PUBLIC

My commission expires _____

[DATE]

[INSURANCE COMPANY]

[ADDRESS]

[ADDRESS]

SENT VIA CERTIFIED MAIL

Return Receipt Requested

NOTICE OF CLAIM OF LIEN FOR MEDICAL SERVICES

RE: Patient : [PATIENT'S NAME]
Insured : [TORTFEASOR'S NAME]
Claim No. : [CLAIM NUMBER]
Date of Loss : [DATE OF COLLISION]

Dear [ADJUSTER'S NAME]:

Please find enclosed a copy of the Notice of Claim of Lien for Medical Services that has been filed with the County Auditor in the above-captioned matter. A copy has been provided to you as direct notice that this lien has been filed pursuant to RCW 60.44.010, et seq., which specifically provides as follows:

No settlement made by and between the patient and tortfeasor and/or insurer shall discharge the lien against any money due or owing by such tortfeasor or insurer to the patient or relieve the tortfeasor 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 tortfeasor and/or insurer, then such written release or waiver shall be delivered to the tortfeasor and/or insurer. [RCW 60.44.050]

Please note that, upon resolution of the above-named patient's claim, our office will expect to receive payment directly for service rendered relative to injuries sustained in the collision. We suggest that you contact our office for a balance due prior to settlement of the patient's claim. In the event that your insurance company proceeds with settlement without honoring our lien, we will proceed with legal action to enforce our lien, and will seek reasonable attorney's fees and costs as provided under RCW 60.44.010.

Thank you for your attention to this matter. We will be contacting you periodically for a status of the claim.

Sincerely,

[Health Care Provider's Name]

[DATE]

[INSURANCE COMPANY]

[ADDRESS]

[ADDRESS]

RE: Patient : [PATIENT'S NAME]
Insured : [TORTFEASOR'S NAME]
Claim No. : [CLAIM NUMBER]
Date of Loss : [DATE OF COLLISION]

Dear [ADJUSTER'S NAME]:

Please advise as to the status of the above-captioned claim. As your file will reflect, we previously forwarded to you a copy of the Notice of Claim of Lien for Medical Services that has been filed with the County Auditor in this matter, thereby putting you on direct notice of our claim. For your convenience, we have enclosed another copy of our lien.

Please be reminded that, upon resolution of the above-named patient's claim, our office will expect to receive payment directly for service rendered relative to injuries sustained in the collision. We suggest that you contact our office for a balance due prior to settlement of the patient's claim.

Thank you for your attention to this matter. We look forward to hearing from you on the status of the claim.

Sincerely,

[Health Care Provider's Name]

[DATE]

[INSURER/PATIENT/TORTFEASOR]

[ADDRESS]

[ADDRESS]

SATISFACTION OF LIEN FOR MEDICAL SERVICES

RE: Patient : [PATIENT'S NAME]
Insured : [TORTFEASOR'S NAME]
Date of Loss : [DATE OF COLLISION]
County of Record : [COUNTY FILED IN]
Auditor's Record No : [RECORD NUMBER]

Dear [ADDRESSEE]:

Please find enclosed the Satisfaction of Lien for Medical Services that has been prepared in the above-captioned matter. This document may be filed with the Auditor's Office of the County indicated in order to remove it from the records. A suit at law was not commenced within one year after the filing date, which makes the Lien unenforceable. However, it seems that the Auditor's Office requires the filing of a Satisfaction of Lien in order to remove it from the County's record.

Thank you for your attention to this matter.

Sincerely,

[Health Care Provider's Name]

**SAMPLE LANGUAGE AS PART OF DISCLOSURE REGARDING USE OF MEDICAL LIENS
AS PART OF BILLING AND COLLECTION PRACTICES (amend and add as you see fit):**

I understand that for treatment provided by [CLINIC] related to an automobile collision, primary first party insurance is with the Personal Injury Protection (PIP) Insurance for the car I was driving, riding in as a passenger, or struck by as a pedestrian/bicyclist. I understand and authorize [CLINIC] to bill PIP and authorize the release of any information acquired in the course of my examinations and treatment in accordance with HIPAA privacy regulations.

Should PIP insurance not be available, exhaust or terminate for any reason, I authorize [CLINIC] to bill any applicable health insurance I may have available, subject to any contract [CLINIC] may have with such carrier. I understand and authorize [CLINIC] to bill health insurance, if applicable, and authorize the release of any information acquired in the course of my examination and treatment in accordance with HIPAA privacy regulations.

In the event I do not have PIP or health insurance available for the automobile collision, I authorize [CLINIC] to hold my bills pending final claim resolution and file a medical lien against any applicable third-party insurance settlement pursuant to RCW 60.44.010, et seq. I understand I may then be asked to make minimum monthly payments on any balance owed. I understand and acknowledge that in the event a medical lien is filed, and that if the lien is paid or settled, I will be provided with an original, written Satisfaction of Lien and I am responsible for filing the Satisfaction of Lien with the County Auditor and for paying the filing fee costs associated with filing any such Satisfaction of Lien. I further understand that payment of any medical lien, in some circumstances, may not fully pay my outstanding final charges due to [CLINIC] for treatment provided, and I may be required to make additional payments after satisfaction of the lien.

Dated this ____ day of _____, 20__, at _____, Washington.

Signed: _____ [PATIENT]

Date of Automobile Collision: _____