# *Notice and request for allowance of lien*

OCR form sample packet

This packet contains instructions on how to fill in Optical Character Recognition (OCR) forms, examples of forms and is in the order in which forms / documents should be filed with the district office.

Use the table below to help identify the forms that you need to complete when filing a notice and request for allowance of lien. The table also shows the order in which the forms should be assembled. To help you find the correct document separator sheet, the product delivery unit, document type and document title are in brackets.

In this packet, you will see examples as filed by a medical company. If a claims administrator or law office is filing the forms, they do not file lien verification 10770.5.

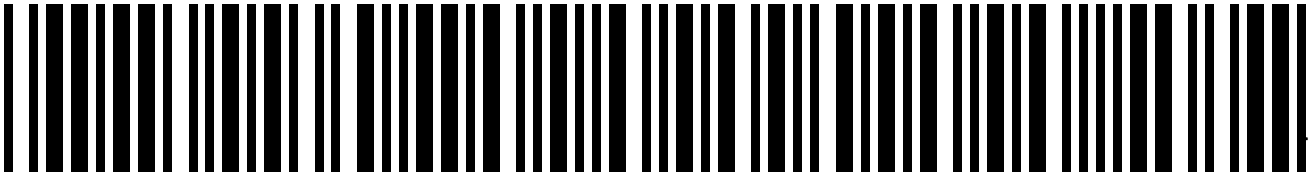
| | **Name of form** |
|---|---|
| 1 | Document cover sheet |
| 2 | Document separator sheet<br>**[ADJ-LIENS AND BILLS-NOTICE AND REQUEST FOR ALLOWANCE OF LIEN]** |
| 3 | Notice and request for allowance of lien |
| 4 | Document separator sheet<br>for **medical bills**, use the following product delivery unit, document type and document title<br>**[ADJ-LIENS AND BILLS-MEDICAL BILLS]**<br><br>for **other bills**, use the following product delivery unit, document type and document title<br>**[ADJ-LIENS AND BILLS – BILLS OTHER]** |
| 5 | Itemized billing statement |
| 6 | Document separator sheet for lien verification 10770.5 **when required** and proof of service<br>**[ADJ-LEGAL DOCS-10770.5 VERIFICATION]** |
| 7 | Lien verification 10770.5 **when required** |
| 8 | Document separator sheet for proof of service<br>**[ADJ-LEGAL DOCS-PROOF OF SERVICE]** |
| 9 | Proof of service |

This packet is an example of how to fill in forms and the order in which they should be filled with the district office.

# STATE OF CALIFORNIA
# DWC DISTRICT OFFICE

## DOCUMENT COVER SHEET

This example shows documents submitted by a medical facility.



Is this a new case? Yes ☐ No ☑ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☑

More than 15 Companion Cases ☐

03/04/2009 ENTER DATE YOU FILL IN DOCUMENT COVER SHEET.
Date:(MM/DD/YYYY)

SSN: SOCIAL SECURITY NUMBER IS NOT REQUIRED.

☐ Specific Injury

ADJ987654321
Case Number 1

☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 3: _____

NO OTHER INFORMATION IS NEEDED WHEN CORRECT CASE NUMBER IS LISTED.

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

**Please check unit to be filed on ( check only one box )**

☑ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ INT ☐ RSU

**Companion Cases**

☐ Specific Injury

_____
Case Number 2

☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 3: _____

IF THERE ARE COMPANION CASES, ENTER THE CORRECT EAMS CASE NUMBER.

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____



Example

☐ Specific Injury

Case Number 3 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 4 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

DO NOT PRINT OR SUBMIT BLANK PAGES.

☐ Specific Injury

Case Number 5 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

# District office codes for place of venue

| *Legend* | |
|---|---|
| **Abbreviation** | **Office** |
| AHM | Anaheim |
| ANA | Santa Ana |
| BAK | Bakersfield |
| EUR | Eureka |
| FRE | Fresno |
| GOL | Goleta |
| LAO | Los Angeles |
| LBO | Long Beach |
| MDR | Marina del Rey |
| OAK | Oakland |
| OXN | Oxnard |
| POM | Pomona |
| RDG | Redding |
| RIV | Riverside |
| SAC | Sacramento |
| SAL | Salinas |
| SBR | San Bernardino |
| SDO | San Diego |
| SFO | San Francisco |
| SJO | San Jose |
| SLO | San Luis Obispo |
| SRO | Santa Rosa |
| STK | Stockton |
| VNO | Van Nuys |
| | |

**Use this document to complete forms, but do not file this document with your forms.**

DO NOT PRINT OR SUBMIT THIS PAGE.

# Body Part Code List

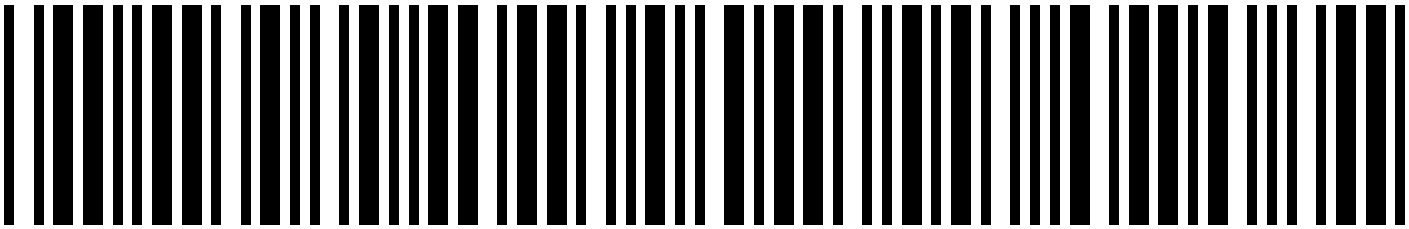
The body part codes listed below are used to complete forms that require the listing of the part of the body that is in issue. Please do not file this document with your forms.

| | |
|---|---|
| 100 | Head - not specified |
| 110 | Brain |
| 120 | Ear - not specified |
| 121 | Ear - external |
| 124 | Ear - internal including hearing |
| 130 | Eye - including optic nerves and vision |
| 140 | Face - not specified |
| 141 | Jaw - including chin and mandible |
| 144 | Mouth - including lips, tongue, throat and taste |
| 145 | Teeth |
| 146 | Nose - including nasal passages, sinus and smell |
| 148 | Face - multiple parts any combination of above parts |
| 149 | Face - forehead, cheeks, eyelids |
| 150 | Scalp |
| 160 | Skull |
| 198 | Head - multiple injury any combination of above parts |
| 200 | Neck |
| 300 | Upper extremities - not specified |
| 310 | Arm - above wrist not specified |
| 311 | Arm - upper arm humerus |
| 313 | Arm - elbow head of radius |
| 315 | Arm -forearm radius and ulna |
| 318 | Arm - multiple parts any combination of above parts |
| 319 | Arm - not specified |
| 320 | Wrist |
| 330 | Hand - not wrist or fingers |
| 340 | Fingers |
| 398 | Upper extremities - multiple parts any combination of above parts |
| 400 | Trunk - not specified |
| 410 | Abdomen - including internal organs and groin |
| 411 | Hernia |
| 420 | Back - including back muscles, spine and spinal cord |
| 430 | Chest - including ribs, breast bone and internal organs of the chest |
| 440 | Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks |
| 450 | Shoulders - scapula and clavicle |
| 498 | Trunk - use for side; multiple parts any combination of above parts |
| 500 | Lower extremities - not specified |
| 510 | Legs - above ankles, not specified |
| 511 | Thigh femur |
| 513 | Knee Patella |
| 515 | Lower leg tibia and fibula |
| 518 | Leg - multiple parts any combination of above parts |
| 519 | Leg - not specified |
| 520 | Ankle malleolus |
| 530 | Foot not ankle or toe |
| 540 | Toes |
| 598 | Lower extremities - multiple parts any combination of above parts |
| 700 | Multiple parts more than five major parts use only in fifth position of listing of body parts |
| 800 | Body system - not specific |
| 801 | Circulatory system - heart -other than heart attack, blood, arteries,veins, etc. |
| 802 | Circulatory system - Heart attack |
| 810 | Digestive system - stomach |
| 820 | Excretory system - kidneys, bladder, intestines, etc. |
| 830 | Musculo-skeletal system - bones, joints, tendons, muscles, etc. |
| 840 | Nervous system - not specified |
| 841 | Nervous system - stress |
| 842 | Nervous system - Psychiatric/psych |
| 850 | Respiratory system - lungs, trachea, etc. |
| 860 | Skin dermatitis, etc. |
| 870 | Reproductive systems |
| 880 | Other body systems |
| 999 | Unclassified - insufficient information to identify body parts |

DO NOT PRINT OR SUBMIT THIS PAGE.

**Use this document to complete forms, but do not file this document with your forms.**

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit: ADJ

Document Type: LIENS AND BILLS

Document Title: NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

Document Date: 03/04/2009 (MM/DD/YYYY)

ENTER DATE OF DOCUMENT FOLLOWING DOCUMENT SEPARATOR SHEET.

Author: XYZ MEDICAL COMPANY

IF YOU ARE A CLAIMS ADMINISTRATOR, HEARING REPRESENTATIVE OR LAW FIRM USE YOUR UNIFORM ASSIGNED NAME. IF PARTY PREPARING THE DOCUMENT IS NEITHER A CLAIMS ADMINISTRATOR'S OR REPRESENTATIVE'S OFFICE, ENTER THE ENTITY'S OR INDIVIDUAL'S NAME.

**Office Use Only**

Received Date: _____ (MM/DD/YYYY)

# STATE OF CALIFORNIA
# DIVISION OF WORKERS' COMPENSATION
# WORKERS' COMPENSATION APPEALS BOARD
# NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

Date Of Original Lien: 03/04/2009 (MM/DD/YYYY)

☑ Original Lien ☐ Amended Lien

ADJ987654321
Case No.

**(Choose only one)**

☑ a specific injury on 01/15/2008
(DATE OF INJURY: MM/DD/YYYY)

☐ a cumulative injury which began on _____ and ended on _____
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

SOCIAL SECURITY NUMBER IS NOT REQUIRED.
SSN (Numbers Only)

09/10/1960
(DATE OF BIRTH: MM/DD/YYYY)

**Injured Worker:**

JANE
First Name

MI

SMITH
Last Name

Address/PO Box ( Please leave blank spaces between numbers, names or words)

ARCADIA
City

CA
State

91007
Zip Code

**Attorney/Representative for Injured Worker:**

ENTER UNIFORM ASSIGNED NAME OF LAW FIRM IF INJURED WORKER IS REPRESENTED.

UNIFORM ASSIGNED NAME
Name

ENTER ADDRESS IN THE UNIFORM ASSIGNED NAME DATABASE.

Address/PO Box ( Please leave blank spaces between numbers , names or words)

City

State

Zip Code

**Lien Claimant (Completion of this section is required):**

IF YOU ARE A CLAIMS ADMINISTRATOR, HEARING REPRESENTATIVE OR LAW FIRM ENTER UNIFORM ASSIGNED NAME. IF PARTY PREPARING THE DOCUMENT IS NEITHER A CLAIMS ADMINISTRATOR'S OR REPRESENTATIVE'S OFFICE, ENTER THE ENTITY'S OR INDIVIDUAL'S NAME.

XYZ MEDICAL COMPANY
Name of Organization filing lien (for individual lien claimants, leave blank)

First Name of Individual filing lien(organizational lien claimants, leave blank)

Last Name of Individual filing lien(organizational lien claimants, leave blank)

43342 VENTURA BLVD STE 110
Address/PO Box ( Please leave blank spaces between numbers, names or words)

ENCINO
City

CA
State

91436
Zip Code

(818) 555-1212
Phone

**Lien Claimant's Attorney/Representative, if any**

☐ Law Firm/Attorney ☐ Non-Attorney Representative ☐ Lien Claimant not represented

ENTER UNIFORM ASSIGNED NAME OF LAW FIRM.

Lien Claimant Law Firm/Representative

First Name

Last Name

ENTER ADDRESS IN THE UNIFORM ASSIGNED NAME DATABASE.

Address/PO Box ( Please leave blank spaces between numbers, names or words)

City State Zip Code

Phone

**Employer**

ABC INC
Name

1498 ATLANTA AVE
Address/PO Box ( Please leave blank spaces between numbers, names or words)

EL MONTE CA 91731
City State Zip Code

**Insurance Carrier or Claims Administrator**

ENTER UNIFORM ASSIGNED NAME OF CLAIMS ADMINISTRATOR.

Name

ENTER ADDRESS IN THE UNIFORM ASSIGNED NAME DATABASE.

Address/PO Box ( Please leave blank spaces between numbers, names or words)

City State Zip Code

**Employer or Claims Administrator Attorney/Representative (if known)**

Name

Address/PO Box ( Please leave blank spaces between numbers, names or words)

City State Zip Code

The lien claimant hereby requests the Workers' Compensation Appeals Board to determine and allow as a lien the sum of $ 7,323.20 (Total Lien Amount) against any amount now due or which may hereafter become payable as compensation to the above-named employee on account of the above-claimed injury.

**This request and claim for lien is for (mark appropriate box):**

- ☐ A reasonable attorney's fee for legal services pertaining to any claim for compensation either before the appeals board or before any of the appellate courts, and the reasonable disbursements in connection therewith. (Labor Code § 4903 (a).)
- ☑ The reasonable expense incurred by or on behalf of the injured employee, as provided by Labor Code § 4600. (Labor Code § 4903 (b).)
- ☐ Reasonable expense incurred by or on behalf of the injured employee for medical-legal expenses. (Labor Code § 4903 (b).)
- ☐ The reasonable value of the living expenses of an injured employee or of his or her dependents, subsequent to the injury. (Labor Code § 4903 (c).)
- ☐ The reasonable burial expenses of the deceased employee. (Labor Code § 4903 (d).)
- ☐ The reasonable living expenses of the spouse or minor children of the injured employee, or both, subsequent to the date of the injury, where the employee has deserted or is neglecting his or her family. (Labor Code § 4903 (e).)
- ☐ The reasonable fee for interpreter's services performed on _____ 20 ___ . (Labor Code § 4600 (f).)
- ☐ The amount of indemnification granted by the California Victims of Crime Program. (Labor Code § 4903 (i).)
- ☐ The amount of compensation, including expenses of medical treatment, and recoverable costs that have been paid by the Asbestos Workers' Account. (Labor Code § 4903 (j).)
- ☐ Other Lien(s): Specify nature and statutory basis.

**NOTE: ITEMIZED STATEMENT JUSTIFYING THE LIEN MUST BE ATTACHED**

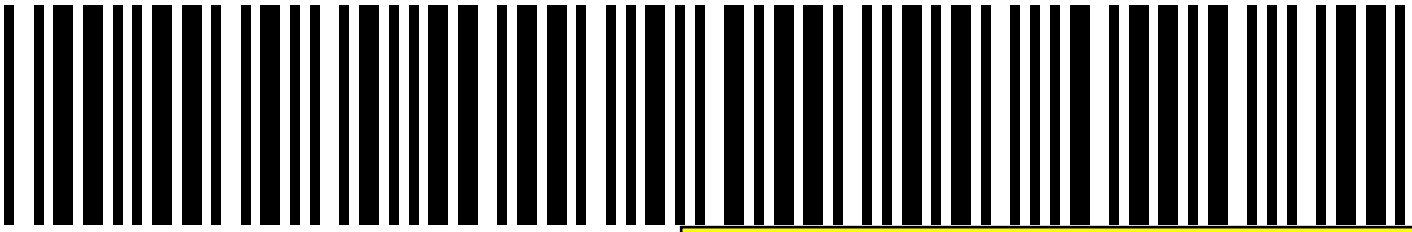
- ☑ A copy of the lien claim and supporting documents was served by mail or delivered to each of the above-named parties.

THIS FORM IS SIGNED BY EITHER THE ATTORNEY/REPESENTATIVE OR THE LIEN CLAIMANT.

DATE MUST MATCH THE DOCUMENT COVER SHEET.

(Signature of Attorney/Representative for Lien Claimant) (Signature of Lien Claimant) Date (MM/DD/YYYY)

# DOCUMENT SEPARATOR SHEET



IN THIS EXAMPLE, DOCUMENTS FOLLOWING THE SEPARATOR SHEET IS AUTHORED BY A MEDICAL FACILITY.
IF DOCUMENTS FOLLOWING THE SEPARATOR SHEET IS FROM A LAW OFFICE, CLAIMS ADMINISTRATOR OR OTHERS,
USE PRODUCT DELIVERY UNIT: ADJ,
DOCUMENT TYPE: LIENS AND BILLS
DOCUMENT TITLE: BILLS OTHER.

Product Delivery Unit: ADJ

Document Type: LIENS AND BILLS

Document Title: MEDICAL BILLS

ENTER DATE OF DOCUMENT FOLLOWING DOCUMENT SEPARATOR SHEET.

Document Date: 03/04/2009
MM/DD/YYYY

IF YOU ARE A CLAIMS ADMINISTRATOR, HEARING REPRESENTATIVE OR LAW FIRM USE UNIFORM ASSIGNED NAME. IF PARTY PREPARING THE DOCUMENT IS NEITHER A CLAIMS ADMINISTRATOR'S OR REPRESENTATIVE'S OFFICE, ENTER THE ENTITY'S OR INDIVIDUAL'S NAME.

Author: XYZ MEDICAL COMPANY

**Office Use Only**

Received Date: _____
MM/DD/YYYY



Example

[redacted] MD, QME

# Patient Ledger

Sorted By: Case Number

| Entry | Date | POS | Description | Case | Procedure | Document | Provider | Amount |
|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | | | | |
| | Last Payment: | -209.15 | On: 2/13/2009 | | | | | |
| 53362 | 2/1/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0802010000 | 0002 | 0.00 |
| 53387 | 1/16/2008 | 11 | | 3752 | 99205 | 0802010000 | 0002 | 250.00 |
| 53388 | 1/16/2008 | 11 | | 3752 | 99080 | 0802010000 | 0002 | 250.00 |
| 53389 | 1/16/2008 | 11 | | 3752 | 99354 | 0802010000 | 0002 | 200.00 |
| 53390 | 1/16/2008 | 11 | | 3752 | 99070 | 0802010000 | 0002 | 125.00 |
| 53391 | 1/16/2008 | 11 | | 3752 | 99070 | 0802010000 | 0002 | 142.00 |
| 53392 | 1/16/2008 | 11 | | 3752 | 99070 | 0802010000 | 0002 | 105.00 |
| 53393 | 2/1/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0802010000 | 0002 | 0.00 |
| 53980 | 2/27/2008 | 11 | | 3752 | 99214 | 0802290000 | 0002 | 100.00 |
| 53981 | 2/27/2008 | 11 | | 3752 | 99081 | 0802290000 | 0002 | 50.00 |
| 53982 | 2/29/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0802290000 | 0002 | 0.00 |
| 54502 | 3/5/2008 | 11 | | 3752 | INS | 0803140000 | 0002 | -205.40 |
| 55251 | 4/10/2008 | 11 | | 3752 | 99214 | 0804140000 | 0002 | 100.00 |
| 55252 | 4/10/2008 | 11 | | 3752 | 99081 | 0804140000 | 0002 | 50.00 |
| 55253 | 4/14/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0804140000 | 0002 | 0.00 |
| 55357 | 4/8/2008 | 11 | 2/27/08 | 3752 | INS | 0804210000 | 0002 | -101.26 |
| 55804 | 5/7/2008 | 11 | | 3752 | 95861 | 0805090000 | 0002 | 250.00 |
| 55805 | 5/7/2008 | 11 | | 3752 | 95903 | 0805090000 | 0002 | 600.00 |
| 55806 | 5/7/2008 | 11 | | 3752 | 95904 | 0805090000 | 0002 | 540.00 |
| 55807 | 5/7/2008 | 11 | | 3752 | 99070 | 0805090000 | 0002 | 60.00 |
| 55808 | 5/7/2008 | 11 | | 3752 | 99081 | 0805090000 | 0002 | 50.00 |
| 55809 | 5/9/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0805090000 | 0002 | 0.00 |
| 56031 | 5/15/2008 | 11 | | 3752 | 99214 | 0805190000 | 0002 | 100.00 |
| 56032 | 5/15/2008 | 11 | | 3752 | 99081 | 0805190000 | 0002 | 50.00 |
| 56033 | 5/15/2008 | 11 | | 3752 | 99070 | 0805190000 | 0002 | 120.00 |
| 56034 | 5/15/2008 | 11 | | 3752 | 99070 | 0805190000 | 0002 | 220.00 |
| 56035 | 5/19/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0805190000 | 0002 | 0.00 |
| 56623 | 6/2/2008 | 11 | 4/10/08 | 3752 | INS | 0806060000 | 0002 | -110.22 |
| 56951 | 6/19/2008 | 11 | | 3752 | 99214 | 0806200000 | 0002 | 100.00 |
| 56952 | 6/19/2008 | 11 | | 3752 | 99081 | 0806200000 | 0002 | 50.00 |
| 56953 | 6/19/2008 | 11 | | 3752 | 99070 | 0806200000 | 0002 | 120.00 |
| 56954 | 6/19/2008 | 11 | | 3752 | 99070 | 0806200000 | 0002 | 120.00 |
| 56955 | 6/20/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0806200000 | 0002 | 0.00 |
| 57281 | 6/23/2008 | 11 | 5/15/08 | 3752 | INS | 0806270000 | 0002 | -193.77 |
| 57757 | 7/18/2008 | 11 | | 3752 | INS | 0807230000 | 0002 | -162.69 |
| 58063 | 7/31/2008 | 11 | | 3752 | 99214 | 0808060000 | 0002 | 100.00 |
| 58064 | 7/31/2008 | 11 | | 3752 | 99081 | 0808060000 | 0002 | 50.00 |
| 58065 | 7/31/2008 | 11 | | 3752 | 99070 | 0808060000 | 0002 | 125.00 |
| 58066 | 7/31/2008 | 11 | | 3752 | 99070 | 0808060000 | 0002 | 120.00 |
| 58067 | 7/31/2008 | 11 | | 3752 | 99070 | 0808060000 | 0002 | 220.00 |
| 58068 | 8/6/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0808060000 | 0002 | 0.00 |
| 59151 | 9/11/2008 | 11 | | 3752 | 99214 | 0809120000 | 0002 | 100.00 |
| 59152 | 9/11/2008 | 11 | | 3752 | 99081 | 0809120000 | 0002 | 50.00 |
| 59153 | 9/11/2008 | 11 | | 3752 | 99070 | 0809120000 | 0002 | 220.00 |
| 59154 | 9/11/2008 | 11 | | 3752 | 99070 | 0809120000 | 0002 | 180.00 |

[redacted] MD, QME

# Patient Ledger

Sorted By: Case Number

| Entry | Date | POS | Description | Case | Procedure | Document | Provider | Amount |
|---|---|---|---|---|---|---|---|---|
| 59155 | 9/11/2008 | 11 | | 3752 | 99070 | 0809120000 | 0002 | 120.00 |
| 59156 | 9/12/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0809120000 | 0002 | 0.00 |
| 59336 | 9/12/2008 | 11 | | 3752 | INS | 0809180000 | 0002 | -241.05 |
| 59899 | 9/30/2008 | 11 | | 3752 | 95861 | 0810100000 | 0002 | 250.00 |
| 59900 | 9/30/2008 | 11 | | 3752 | 95934 | 0810100000 | 0002 | 210.00 |
| 59901 | 9/30/2008 | 11 | | 3752 | 95903 | 0810100000 | 0002 | 600.00 |
| 59902 | 9/30/2008 | 11 | | 3752 | 95904 | 0810100000 | 0002 | 360.00 |
| 59903 | 9/30/2008 | 11 | | 3752 | 99070 | 0810100000 | 0002 | 60.00 |
| 59904 | 9/30/2008 | 11 | | 3752 | 99081 | 0810100000 | 0002 | 50.00 |
| 59905 | 10/10/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0810100000 | 0002 | 0.00 |
| 60089 | 10/16/2008 | 11 | | 3752 | 99214 | 0810150000 | 0002 | 100.00 |
| 60090 | 10/16/2008 | 11 | | 3752 | 99081 | 0810150000 | 0002 | 50.00 |
| 60091 | 10/16/2008 | 11 | | 3752 | 99070 | 0810150000 | 0002 | 160.00 |
| 60092 | 10/16/2008 | 11 | | 3752 | 99070 | 0810150000 | 0002 | 115.00 |
| 60093 | 10/16/2008 | 11 | | 3752 | 99070 | 0810150000 | 0002 | 130.00 |
| 60094 | 10/17/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0810150000 | 0002 | 0.00 |
| 60182 | 10/22/2008 | 11 | PAYMENT | 3752 | INS | 0810220000 | 0002 | -185.70 |
| 60891 | 11/20/2008 | 11 | | 3752 | 99214 | 0811210000 | 0002 | 100.00 |
| 60892 | 11/20/2008 | 11 | | 3752 | 99081 | 0811210000 | 0002 | 50.00 |
| 60893 | 11/20/2008 | 11 | | 3752 | 99070 | 0811210000 | 0002 | 130.00 |
| 60894 | 11/20/2008 | 11 | | 3752 | 99070 | 0811210000 | 0002 | 150.00 |
| 60895 | 11/20/2008 | 11 | | 3752 | 99070 | 0811210000 | 0002 | 160.00 |
| 60896 | 11/21/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0811210000 | 0002 | 0.00 |
| 61273 | 12/10/2008 | 11 | PAYMENT 10/16/08 | 3752 | INS | 0812100000 | 0002 | -330.41 |
| 61564 | 12/18/2008 | 11 | | 3752 | 99214 | 0812190000 | 0002 | 100.00 |
| 61565 | 12/18/2008 | 11 | | 3752 | 99081 | 0812190000 | 0002 | 50.00 |
| 61566 | 12/18/2008 | 11 | | 3752 | 99070 | 0812190000 | 0002 | 160.00 |
| 61567 | 12/18/2008 | 11 | | 3752 | 99070 | 0812190000 | 0002 | 150.00 |
| 61568 | 12/19/2008 | | Carrier: [redacted] was billed | 3752 | NOTE | 0812190000 | 0002 | 0.00 |
| 61808 | 12/30/2008 | 11 | PAYMENT | 3752 | INS | 0812300000 | 0002 | -209.15 |
| 62873 | 1/29/2009 | 11 | | 3752 | ML 103 | 0902130000 | 0002 | 950.00 |
| 62874 | 1/29/2009 | 11 | | 3752 | 99070 | 0902130000 | 0002 | 150.00 |
| 62875 | 2/13/2009 | | Carrier: [redacted] was billed | 3752 | NOTE | 0902130000 | 0002 | 0.00 |
| 62888 | 2/13/2009 | 11 | 12/18/08 | 3752 | INS | 0902130000 | 0002 | -209.15 |
| | | | | | | | Patient Total | $7,323.20 |

# DOCUMENT SEPARATOR SHEET

Product Delivery Unit: ADJ

THIS IS AN EXAMPLE OF THE DOCUMENT SEPARATOR SHEET FOR LIEN VERIFICATION.

Document Type: LEGAL DOCS

Document Title: 10770.5 VERIFICATION

Document Date: 03/04/2009
MM/DD/YYYY

ENTER THE DATE OF THE LIEN VERIFICATION.

Author: XYZ MEDICAL COMPANY

ENTER THE NAME OF LIEN CLAIMANT OR LIEN REPRESENTATIVE WHO SIGNED THE LIEN VERIFICATION.

**Office Use Only**

Received Date
MM/DD/YYYY



Example

**§10770.5. Verification to Filing of Lien Claim**

A lien claim is being filed because: CHECK ALL BOXES THAT APPLY.

☐ Sixty days have elapsed since the date of acceptance or rejection of liability for the claim, or the time provided for investigation of liability pursuant to Labor Code section 5402(b) has elapsed, whichever is earlier.

☐ Time provided for payment of medical treatment bills pursuant to LC 4603.2 has elapsed.

☐ The time provided for payment of medical-legal expenses pursuant to Labor Code section 4622 has elapsed.

I declare under penalty of perjury under the laws of the State of California that one of the time periods set forth in Rule 10770.5(a) has elapsed and, if an application for adjudication is being filed, that venue is proper as set forth in Rule 10770.5(b) and that I have made a diligent search and have determined that no adjudication case number exists for the same injured worker and the same date of injury. In determining that no adjudication case number exists for the same injured worker and the same date of injury, I have made a diligent search consisting of the following efforts (specify):

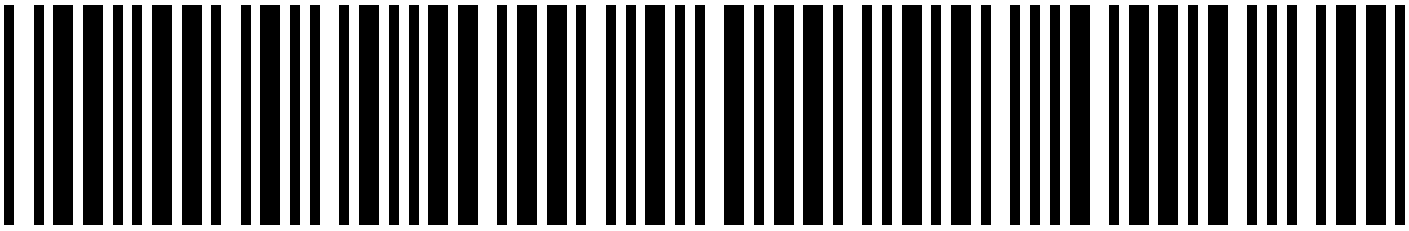
I have sent numerous billing statements to parties involved for the past two years and have not received any payment.

_____ _____

Signature Date (MM/DD/YYYY)

Injured worker name: JANE SMITH

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit: ADJ

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Example

[redacted]

## Proof of Service

I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

My business address is: [redacted]

On 03/04/2009, I served a true copy of the following documents, along with supporting documents, described as: LIEN FORM AND ITEMIZED STATEMENT
by enclosing them in a sealed envelope addressed to each of the parties named and at the addresses set forth in the Party List, and placing each envelope for collection and mailing at the business address herein following our ordinary business practices, with postage fully prepaid, or by other previously agreed-upon method of electronic service.

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

Dated: **03/04/2009**

Declarant Signature [redacted]

## Party List

[redacted]