

Supplemental Lien Form and Section 4903.05(c) Declaration

Injured Worker

First Name	
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MI	
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Last Name	
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Claims Administrator	
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ADJ Number		LRN	
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Lien Claimant

 Organization

 Individual

Organization Name	
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First Name		MI	
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Last Name	
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Provider Type	
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Other Provider Type	
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Rendering Provider's Name	
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Rendering Provider's NPI		Rendering Provider's License/Cert No	
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Billing Provider's Name	
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Billing Provider's NPI		Initial Date of Service	
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Provider Type	
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Other Provider Type	
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Rendering Provider's Name	
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Rendering Provider's NPI		Rendering Provider's License/Cert No	
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Billing Provider's Name	
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Billing Provider's NPI		Initial Date of Service	
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Provider Type	
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Other Provider Type	
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Rendering Provider's Name	
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Rendering Provider's NPI		Rendering Provider's License/Cert No	
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Billing Provider's Name	
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Billing Provider's NPI		Initial Date of Service	
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Declaration pursuant to Labor Code section 4903.05(c). (Completion of this section is required if filing a lien under Labor Code section 4903(b).)

I declare under penalty of perjury under the laws of the State of California that the Lien Claimant is a provider or proper assignee of the provider and the following is true and correct:

- The dispute that is the subject of this lien is not subject to independent medical review and independent bill review; and

The Provider:	
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Dated	
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Lien Claimant Signature	
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DRAFT