

# Supplemental Lien Form and Section 4903.05(c) Declaration

## Injured Worker

First Name

MI

Last Name

Claims Administrator

ADJ Number

LRN

## Lien Claimant

Organization

Individual

Organization Name

First Name

MI

Last Name

Provider Type

Other Provider Type

Rendering Provider's Name

Rendering Provider's NPI

Rendering Provider's License/Cert No

Billing Provider's Name

Billing Provider's NPI

Initial Date of Service

Provider Type

Other Provider Type

Rendering Provider's Name

Rendering Provider's NPI

Rendering Provider's License/Cert No

Billing Provider's Name

Billing Provider's NPI

Initial Date of Service

Provider Type

Other Provider Type

Rendering Provider's Name

Rendering Provider's NPI

Rendering Provider's License/Cert No

Billing Provider's Name

Billing Provider's NPI

Initial Date of Service

**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