



# LIEN REFERRAL INTAKE

Upon completing this Form: Fax to 866.862.3628 or Email to [lienreferrals@providiomsa.com](mailto:lienreferrals@providiomsa.com)

Attorney Name:  Law Firm:

Primary Contact:  If Attorney or Name:  Title:

Primary Email:  Phone:  Fax:

Firm Address 1:  Firm Address 2:

City:  State:  Zip:

Billing Contact:  Email:  Phone:

## INJURED PARTY:

Client Name:  SS# or Insurance ID:  Date of Birth:

Date of Death:  Address:

City:  State:  Zip:

Most Recent Injury Diagnosis:

## LIEN INFORMATION:

### **LIEN I MEDICARE:**

Asserted Lien Amount, if Known:  Date of Last Treatment:

**LIEN II Name (Medicaid, Private, other):**  Contact:

Email:  Phone:  Fax:

Asserted Lien Amount, if Known:  Date of Last Treatment:

## PLAINTIFF'S CASE STATUS:

Anticipated or Actual Settlement Date:

Anticipated or Actual Settlement Amount (\$):  Policy Limits (\$):

Full or Partial Settlement (F/P)?  More Expected (Yes/No)?

Liability Carrier:  Liability Claim #:

**\*\*Be sure to also complete the information requested on the following page**



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**DESCRIBE PLAINTIFF'S INJURIES:** (and include any known ICD-9 codes if you have them)

**ADDITIONAL INFORMATION:** (if a 3<sup>rd</sup> lien exists, include information here)

## FEE INFORMATION & AGREEMENT

I, \_\_\_\_\_, hereby agree that for the lien work Providio performs for Injured  
[Print Attorney Name Here]

Party, it will charge 10% of the lien savings it negotiates on the first lien in a case subject to a minimum charge of \$550 and a maximum charge of either (a) \$1800 if the asserted lien amount is under \$250,000, or (2) one percent (1%) of the asserted lien value if such asserted lien value is \$250,000 or more. If there are additional liens to be resolved, each will be charged at a flat rate of \$450/additional lien. This pricing is for Providio's "prime" lien service solution. If I desire additional lien services I will request such and they will be charged at a rate of \$350/hour.

The aforementioned fee is contingent upon success in settling the case or receiving a jury verdict for Injured Party, and will be due/owing to Providio upon disbursement of settlement/verdict funds in the case. I will determine whether my firm will be responsible for payment of this amount in whole or part in compliance with the Rules of Conduct and ethics opinions then applicable and in further compliance with the terms of my firm's engagement agreement with the Injured Party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IN ADDITION TO THIS INTAKE FORM, BE SURE TO SUBMIT THE FOLLOWING:**

1. *All Correspondence to/from the lienholder, if any (including copies of health plan terms/conditions if you've got them)*
2. *Settlement Information (if applicable) – a copy of your fee agreement, a list of your costs, and evidence of settlement (such as a draft settlement agreement or a letter from the insurance company or opposing counsel).*
3. *For non-Medicare liens -- Authorization to Disclose Health Information (HIPAA Form) – please have your client sign and date.*
4. *For Medicare liens – a Proof of Representation form – please have your client sign and date*

**\*\*\*We cannot begin working on your lien referral until you provide all the requested information and documents. Please ensure that your submission is complete to avoid delays. If you need help completing this form please call 1-877-253-3120 x1634 or x1665\*\*\***