



Notice of Medical Lien

Dear Attorney or Auto Insurance Medical Adjustor:

Please be advised that your client is being treated in this office for injuries suffered in a recent accident. My patient/your client and I have agreed to defer payment of my fees pending resolution of legal matters surrounding this claim. To protect my interests, and with the consent of my patient, I have filed a medical lien. This lien will be timely authorized for release when the case is settled and my fees have been paid.

In the event you neglect to satisfy the debt, my patient/your client understands and agrees s/he will be held responsible.

Please notify me of any plans to settle the case or with any requests for records which my patient hereby authorizes.

For your records, my information is as follows:

Practice Name and Location: Copper Valley Medical, LLC
4955 S. Alma School Road, Ste 10
Chandler, Arizona 85248
Fax: (602) 680-1025
Phone: (602) 566-2015
Secure Email: Info@coppervalleymedical.com

Physician Credentials: Don Selvey, NMD, MS, PLLC
EIN: 37-1776642
NPI: 1770913048

Should you have any questions, please contact Dr. Selvey directly.

Client/Patient Name: _____

___ Date of Birth: ___/___/___