

**Date**

**Address**

**Address**

**Address**

**City, State, Zip**

**Advent Acct #:**

**You are hereby notified that Advent Rehabilitation, LLC claims a lien as allowed by the attached executed contract for services rendered to the patient listed below. Please refer to our attached itemized statement for dates of service and individual amounts billed.**

|  |  |
| --- | --- |
| **Patient Name:** | **Date of Accident:** |
| **Patient Date of Birth:** | **Location where Services Were Rendered:** |
| **Patient Address:** | **Name of Clinic** |
| **Address 1** | **Address1** |
| **Address 2** | **Address 2** |
| **City, State, Zip** | **City, State, Zip** |

**I hereby certify that this lien provided was mailed via certified mail with return receipt required on the above listed date.**

**Sincerely,**

**Lien Specialist**

**Please send related correspondence to:**

**Advent Rehabilitation**

**Attn: Medical Liens**

**625 Kenmoor Ave. SE**

**Suite 100**

**Grand Rapids, Michigan 49546**