

# FORM 46A



## The Commonwealth of Massachusetts Department of Industrial Accidents - Central Scheduling

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017  
Info. Line 800-323-3249 ext. 7470 in Mass. Outside Mass. - 617-727-4900 ext. 7470  
<http://www.mass.gov/dia>

DIA Board #  
(If Known):

### REQUEST FOR §46A CONFERENCE IN CONJUNCTION WITH LUMP SUM UNDER §48

- BOSTON     FALL RIVER     LAWRENCE  
 SPRINGFIELD     WORCESTER

Please Print or Type

L I E N H O L D E R	1. Name (Business or Individual):		2. Telephone Number:	
	3. Address (No. and Street, City, State, Zip Code):			
	4. Name and Address of Attorney or representative (No. and Street, City, State, Zip Code):		5. Telephone Number:	
O T H E R P A R T I E S	6. Employee's Name (Last, First, MI):		7. Employee's Social Security Number*:	
	8. Employee's Address (No. and Street, City, State, Zip Code):		9. Date of Birth (mm/dd/yyyy):	
	10. Employer's Name & Address (No. and Street, City, State, Zip Code):		11. Date of Injury (mm/dd/yyyy):	
	12. Insurance Carrier's Name and Address (No. and Street, City, State, Zip Code):		13. Self-Insured <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Self-Insurer number	
	14. Name & Address of Insurer Carrier's Attorney (No. & Street, City, State, Zip Code):		15. Attorney's Telephone Number:	
B E N E F I T  P R O V I D E D	16. Please state in detail the nature of the services which form the basis for the lien:			
	17. Please state the total amount of the lien:    \$ _____			
S I G N	18. Preparer's Signature:			
	19. Preparer's Name (Please Print):		20. Date (mm/dd/yyyy):	

\*A lien for legal services is not amenable to discharge or compromise under the provisions of §46A

\*Disclosure of Social Security Number is Voluntary. It will aid in the processing of documents.  
Please Print Legibly or Type - Unreadable forms will be returned.

Form 46A - Reproduce as needed  
Revised 7/2013

**NOTICE OF LIEN**  
**INSTRUCTIONS AND DEFINITIONS**

Pursuant to M.G.L. c. 152:

LIEN - a lien may be filed by any party, business, organization or governmental agency that is owed monies for the following reasons including, but not limited to, unpaid legal bills, non-payment for services rendered, unpaid taxes, cash assistance for medical payments related to a compensable injury by the Division of Medical Assistance, and back child support.

CLAIM (**§46A**) - A **§46A** Claim for Reimbursement for accident and health insurance benefits paid on compensable injuries; lien of insurers, et al, against award; child support claims may be filed by a medical professional or other service provider when payment for services directly related to a compensable injury has been denied by an insurer.

**INSTRUCTIONS - This form should be filled out by parties only when monies are owed under the definitions stated above. To facilitate the processing of the form all sections must be completed.**

**Please note: A conference pursuant to M.G.L. c 152 §46A must be scheduled, and approved, at the DIA for final lien discharge.**