



**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:			
S I G N	17. Please state the total amount of the lien: \$ _____			
	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.

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.