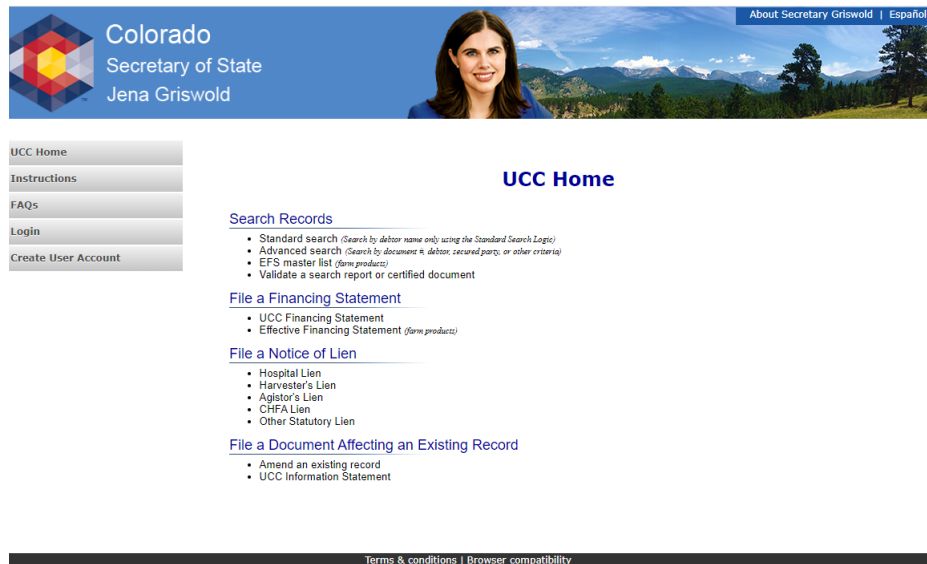


# HOW TO FILE A NOTICE OF HEALTHCARE PROVIDER LIEN

A healthcare provider lien is a lien related to charges for medical care provided to a person injured by the negligence or wrongful act of another person, which is asserted against money the injured person may receive from a personal injury claim or uninsured motorist claim.

1. Go to <https://www.sos.state.co.us/ucc/pages/lien.xhtml> and under 'File a Notice of Lien,' select 'Other Statutory Lien.'



2. Fill in the Lien Title (Health-care Provider Lien) and Statute Citation (38-27.5-108) when prompted to do so.

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review
<p>Complete the form and select "Continue". Fields followed by an "*" are required.</p> <p>Provide the lien title and citation to the applicable section of the Colorado Revised Statutes</p> <p>Lien Title: * <input style="width: 200px;" type="text"/></p> <p>Statute Citation: * § <input style="width: 150px;" type="text"/>, C.R.S.</p>					
<div style="display: flex; justify-content: space-around;"><span>Previous Page</span><span>Continue</span></div>					

- Fill in the name and address of the owner of the property (the patient) when prompted to do so. Only the name is required.

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review
<p>Complete the form and select "Continue". Fields followed by an "*" are required.</p>					
<p>Owner's name:*</p>					
<p>If an organization</p>					
<input type="text"/>					
<p>(Organization Name)</p>					
<p><a href="#">Search business database for an organization of record</a></p>					
<p>OR</p>					
<p>If an individual</p>					
<input type="text"/>					
<p>(Last)</p>					
<input type="text"/>					
<p>(First)</p>					
<input type="text"/>					
<p>(Middle)</p>					
<input type="text"/>					
<p>(Suffix)</p>					
<p>Mailing Address:</p>					
<p>Address 1: <input type="text"/></p>					
<p>Address 2: <input type="text"/></p>					
<p>City: <input type="text"/></p>					
<p>State: <input type="text"/></p>					
<p>ZIP/Postal Code: <input type="text"/></p>					
<p>Province: <input type="text"/></p>					
<p>Country: <input type="text"/></p>					

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4. Check that the information entered is correct, and if applicable, add any other owners at this point.

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review						
<p>To edit or view the information of an owner listed below, click on the owner name. To delete an owner, click the "delete" link next to the owner.</p> <p><a href="#">Add an owner</a></p> <table><thead><tr><th>Name</th><th>Address</th><th></th></tr></thead><tbody><tr><td><a href="#">OWNER</a></td><td></td><td><a href="#">delete</a></td></tr></tbody></table>						Name	Address		<a href="#">OWNER</a>		<a href="#">delete</a>
Name	Address										
<a href="#">OWNER</a>		<a href="#">delete</a>									

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5. Fill in the name and address of the claimant of the lien (the person who is claiming a lien) when prompted to do so. Only the name is required.

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review								
<p>Complete the form and select "Continue". Fields followed by an "*" are required.</p> <p>Claimant's name:*</p> <p>If an organization</p> <input type="text"/> (Organization Name) <p>OR</p> <p>If an individual</p> <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>(Last)</td><td>(First)</td><td>(Middle)</td><td>(Suffix)</td></tr></table> <p>Mailing Address:</p> <p>Address 1: <input type="text"/></p> <p>Address 2: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>ZIP/Postal Code: <input type="text"/></p> <p>Province: <input type="text"/></p> <p>Country: <input type="text"/></p>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Last)	(First)	(Middle)	(Suffix)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
(Last)	(First)	(Middle)	(Suffix)										

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6. Check that the information entered is correct, and if applicable, add any other claimants at this point. If you are claiming liens for treatment provided by multiple healthcare providers, you should list those providers in this section.

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review
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To edit or view the information of a claimant listed below, click on the claimant name.  
To delete a claimant, click the "delete" link next to the claimant.

[Add a claimant](#)

Name	Address
<a href="#">CLAIMANT</a>	<a href="#">delete</a>

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[Continue](#)

7. Fill in the property subject to the lien and state any other information required by law when prompted to do so. This must include the name and address of the injured person and the date of the accident or incident, and should say something like "proceeds from any net settlement, judgment, or payment obtained by <patient name>."

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review
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Complete the form and select "Continue". Fields followed by an "\*" are required.

Identify the property subject to the lien and state any other information required by law.  
*(Maximum 1000 characters may be entered. Additional information may be entered as an additional description on the following pages.)*

Note: A document may be attached at a later step in the process

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[Continue](#)

8. Check that the information entered is correct, and if applicable, add any other descriptions at this point.

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review		
<p>To edit or view a property description listed below, click on the property description. To delete a description, click the "delete" link associated with the property description. <a href="#">Add a description</a></p> <p><b>Description</b></p> <table border="1"><tr><td><a href="#">PROPERTY SUBJECT TO LIEN</a></td><td><a href="#">delete</a></td></tr></table> <p>Note: A document may be attached at a later step in the process</p>						<a href="#">PROPERTY SUBJECT TO LIEN</a>	<a href="#">delete</a>
<a href="#">PROPERTY SUBJECT TO LIEN</a>	<a href="#">delete</a>						

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9. (Optional) Add an attachment and fill in description of attachment. To add an attachment, select the '+ Add Attachment' link and select the desired document from your computer.

## Statutory Lien

Title	Owner	Claimant	Property	Attachments	Review
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Complete the form and select "Continue". Fields followed by an "\*" are required.

---

An attachment is optional. To proceed without adding an attachment, select "Continue". If you need to include an attachment, add all of the necessary attachments and select "Continue".

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Note: Attachments must be in PDF (.pdf) or text format (.txt) only. Up to 50 attachments may be included for a maximum size of 10 MB total.

All attachments must be in English.

Attachments will be included in the document in the order they are listed below.

**Add an attachment**

Description:\*

*(The description will be displayed on the image of the filed document.)*

Location:

#	Move	Description	File Name	Size (KB)	Format	Remove
No records found.						

*Legend: KB = Kilobytes (1024 bytes)  
MB = Megabytes ( 1024 KB)*

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10. Review your document for accuracy and correctness. Select 'Continue' to proceed to payment step.

## Statutory Lien

TitleOwnerClaimantPropertyAttachmentsReview

Review the document for accuracy and, if all information is correct, select "Continue" to proceed to the Online Payment step. To edit information, select the appropriate tab above.

If the PDF image of the document is not displayed, your browser does not support this operation. [Click here](#) to open the document in a separate window.

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Statutory Lien

Title: Stat Lien

Statute: § 601, C.R.S.

Debtor (Organization)

Name: CHRYSLER

Address1:  
Address2:  
City: State: ZIP/Postal Code:  
Province: Country:

Creditor (Organization)

Name: CLAIMANT

Address1:  
Address2:  
City: State: ZIP/Postal Code:  
Province: Country:

Property

Description:  
PROPERTY SUBJECT TO LIEN

Note: The Secretary of State bears no responsibility for legal effectiveness of filing.  
This responsibility rests with the filer.

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11. Select payment method.

## Payment

Item: UCC - Statement - Online \$8.00

Total: \$8.00

### Pay with

- ☐ Credit or debit. These payments are securely processed through Wells Fargo (the address in your browser will say "cybersource"). After completing your payment, you will return to our website.
- ☐ Prepaid account

Back


Cancel


- a. For credit/debit, fill in information when prompted to do so.

## Payment

Item: UCC - Statement - Online \$8.00

Total: \$8.00

**Secure payment information**  
This is a secure, encrypted payment.



**\* Name on card**  
Enter the name on the card exactly as it appears

**Billing Address**  
The address on the credit or debit account

**\* Address 1**

**Address 2**

**\* City**

**\* State**

**\* ZIP code**

**\* Email address**

These payments are securely processed through Wells Fargo (the address in your browser will say "cybersource"). After completing your payment, you will return to our website.

Pay now

Back

Cancel

- b. For prepaid account, fill in information when prompted to do so.





## Payment

Item: UCC - Statement - Online \$8.00

Total: \$8.00

### Prepaid account

**Secure payment information**  
This is a secure, encrypted payment.



\* **Account number**

**Reference (optional)**

12. Select 'Pay now.'