



FAX COVER SHEET

To:**From:** Tamesha Trim**Company:****Date:** 08/12/22 06:40:14 PM**Fax Number:** 9517074565**Pages (Including cover):** 3**Re:** 20C12J428471 / Isidro Salazar**Notes:**

Attn: Greg

Signed lien agreement attached.

Payment will be made on or before 09/10/2022.

Tamesha Trim | CCMSI | Senior Claims Specialist – Claims

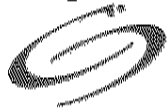
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ttrim@ccmsi.com email

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C/O Medical Lien Management, Inc.
P.O Box 6829
Norco, CA 92860
TEL: (951) 808-3877 FAX: (951) 707-4565
TAX ID: 83-3196571

Aug, 11, 2022

Patient Name: Salazar, Isidro
SSN: XXXXX9999
Patient Acc. No.: 6002014
Insurance: COCHRAN CANON MANAGEMENT SERVICE, INC. (CCMSI)
Claim: 20C12J428471
Provider: Life Pharmacy, LLC
Study DOS: 11/09/2020 - 01/21/2021

Confirmation Letter

Dear Sir/Madam,

This will confirm our agreement to accept \$755.22 (Seven Hundred Fifty Five Dollar(s) and Two Two Cents Only), as FULL & FINAL payment for the remaining balance of \$6,849.44 (Six Thousand Eight Hundred Forty Nine Dollar(s) and Four Four Cents Only)

PLEASE SEND SIGNED CONFIRMATION BACK WITHIN 1 BUSINESS DAY.

Once the payment is received in our bank, remaining balance will be withdrawn and file will be closed.

Payment is expected in our office within 30 Calendar days of this agreement; interest and penalties will apply beginning the 31st day until payment is received. Please note that payments made via wire transfer and or any other form of electronic transfer is not accepted.

Thank you for your time and cooperation in this matter.

Payment must be made to:
Life Pharmacy, LLC
Federal Tax ID #83-3196571

The check must be mailed to 1842 N Tustin St Orange CA 92865

Sincerely,



Clark, Tony

Collection & Litigation Department

Accepted by,



Signature

Tamesha Trim
Print Name

Payment will be made on or before 09/10/2022