



Medical Lien Management

P.O. Box 6829 Norco, CA 92860
Ph: (951) 808-3877
Fax: (951) 707-4565

Fax

To: Annette Sanders From: Lyon, Arthur

Fax: (818) 721-8649 Pages: 4 (including cover sheet)

Phone: (818) 721-8649 Date: 5/27/2022 **My File #:** 338283

Re: HERNANDEZ, EDUARD C Claim number: **IRN:** 17192698

Urgent: For Review Please Comment Please Reply Please Recycle

As per our agreement, attached is a signed agreement of \$1,250 to resolve the outstanding lien for Progressive Orthopedic Solutions, LLC.

Please sign and fax the agreement back to my office at fax number listed above.

Thank you,

Arthur Lyon

Lyon, Arthur

Account Manager

● **IMPORTANT:** This communication is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not intended recipient, or the employee or agent, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communications in error, please notify us immediately at the above address. Please call if you have any problems receiving this fax. Thank you.

Progressive Orthopedic Solutions, LLC

C/O Medical Lien Management, Inc.

P.O Box 6829

Norco, CA 92860

TEL: (951) 808-3877 FAX: (951) 707-4565

TAX ID: 208889991

May, 27, 2022

Patient Name: HERNANDEZ, EDUARDO

SSN: XXXXX9999

Patient Acc. No.: 338283

Insurance: Gallagher Bassett Services

Claim:

Provider: Progressive Orthopedic Solutions, LLC

Study DOS: 09/11/2019

Confirmation Letter

Dear Sir/Madam,

This will confirm our agreement to accept \$1,250.00 (One Thousand Two Hundred Fifty Dollar(s) Only), as FULL & FINAL payment for the remaining balance of \$4,048.31 (Four Thousand and Fourty Eight Dollar(s) and Three One 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Once the payment is received in our bank, remaining balance will be withdrawn and file will be closed.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:

Progressive Orthopedic Solutions, LLC

Federal Tax ID #208889991

The check must be mailed to FILE 2700, 1801 W OLYMPIC BLVD PASADENA CA 91199 2700

Sincerely,

Arthur Lyon

Lyon, Arthur

Accepted by,

Signature

Collection & Litigation Department

Print Name

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
PROGRESSIVE ORTHOPEDIC SOLUTIONS, LLC					
2	Business name/disregarded entity name, if different from above				
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.				
<input checked="" type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <input type="checkbox"/> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► <input type="checkbox"/>					
4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
5	Address (number, street, and apt. or suite no.) See instructions.				
Requester's name and address (optional)					
FILE 2700, 1801 W OLYMPIC BLVD 6 City, state, and ZIP code PASADENA, CA 91199-2700					
7	List account number(s) here (optional)				

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
		-		-	

Employer identification number									
2	0	-	8	8	8	9	9	9	1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►
Date ► 02/01/2021	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

PROGRESSIVE ORTHOPEDIC SOLUTION, LLC

11643 TELEGRAPH ROAD SUITE 200

SANTA FE SPRINGS, CA 90670

Phone: 562-777-9010 Fax: 323-648-5590

January 1st 2022

Medical lien Management
495 E. Rincon Street Suite 206
Corona, CA 92879

To Whom it may concern,

I am the Manager at **PROGRESSIVE ORTHOPEDIC SOLUTION, LLC** and am authorized to write this letter and make the delegations and representations stated in this letter. Medical Lien Management (“MLM”) is authorized to collect on outstanding balances owed to **PROGRESSIVE ORTHOPEDIC SOLUTION, LLC**.

This letter shall serve as authorization for payors to discuss any outstanding balances relate to **PROGRESSIVE ORTHOPEDIC SOLUTION, LLC** bills and negotiate settlements on the same with MLM.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Mark Ioele

Manager