

**RELEASE OF LIEN**

Personally appeared before the undersigned officer duly authorized by law to administer oaths, **REPRESENTATIVE OF HOSPITAL**, who after being duly sworn, states and deposes that (he/she) releases these individuals, **NAME OF INSURED DEFENDANT** as well as any third-parties who may be liable to these persons, as well as **NAME OF INSURANCE COMPANY** for any medical expenses, including hospital bills, which were incurred by **NAME OF CLAIMANTS** as a result of an accident, casualty, or event which occurred on **DATE OF LOSS**. **REPRESENTATIVE OF HOSPITAL** further states and deposes that all medical expenses, including hospital bills, incurred by **NAME OF CLAIMANTS** as a result of an accident, casualty, or event which occurred on **DATE OF LOSS**. have been or will be paid and that there are no outstanding, unsatisfied hospital or other liens arising out of any medical treatment and/or services rendered as a result of said accident, casualty or event.

We, the undersigned, authorize **NAME OF INSURANCE COMPANY** to file this Release of Lien with the Clerk of the Superior Court of \_\_\_\_\_ County thereby, and directs the Clerk of Court to indicate on its dockets that this matter is closed, settled and satisfied.

This \_\_\_ day of \_\_\_\_\_, 2000.

AUTHORIZED REPRESENTATIVE OF HOSPITAL

Sworn to and subscribed before me  
this \_\_\_ day of \_\_\_\_\_, 2000.

Notary Public