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April 1, 2016

VIA FAX (602) 992-2748

Ty S. Dietz, Esq.  
Dietz Law Firm, PLLC

Re: HonorHealth Osborn Medical Center ("HonorHealth")  
Patient: Deborah Wigand  
Account No.: A1417910010  
Date of Service: 7/16-7/20/14  
Lien Total: \$116,765.93  
Payment(s) Rec'd: \$ 22,010.65 (BC/BS)  
\$ 250.00 (patient)  
Lien Balance: \$ 94,505.28  
Offer of Compromise: \$ 33,333.33

Dear Mr. Dietz:

I am in receipt of your letter dated March 31, 2016, and the documents provided, regarding the above-referenced patient.

Our managed care contract with Blue Cross Blue Shield at the time that HonorHealth was Scottsdale Healthcare, contained language that affirms or statutory lien rights. These contracts are proprietary and we do not provide them, however, I provide you with the following language:

**Blue Cross Blue Shield-Current Managed Care Contract dated 8/10/2011**

9.11 Other Sources of Payment. Provider may be entitled to recover the difference between primary and secondary payments and billed charges from another source, not currently subject to COB, such as liability insurance, pursuant to A.R.S. §33-931, if applicable, and not prohibited by the Subscriber's Benefit Plan or other applicable law. Provider and Subscriber shall resolve any billing or recovery from these other sources without intervention or involvement of BCBSAZ.

Further, our managed care contract is with the insurance company and not a specific plan provider or employer. Your reference to the non-participating provider clause does not apply.

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Please provide the following information, with specificity, for consideration:

1. Other valid lien balances and agreed-to reductions;
2. Attorneys' fees and costs (provide breakdown);
3. Any available UIM/Med Pay;
4. The amount that health insurance is seeking and any agreed-to reduction;
5. Other relevant information regarding the patient; and
6. Attorney's proposal for reduction and distribution.

Pending receipt of additional information, this letter confirms that HonorHealth is willing to accept the above-referenced amount in settlement of the lien balance on this account. This constitutes a compromise, accord and satisfaction, and release of all claims regarding the validity of the hospital's lien or the manner of its assertion.

Please remit payment to HonorHealth, **Attn: Lien Services**, at the address listed on the letterhead, and **reference the account number on the check** so that the account is properly credited. Our tax identification number is 86-0181654. Upon receipt of the check, we will record a lien release with the Maricopa County Recorder. I look forward to hearing from you.

Sincerely,



Heather N. Wilson  
Paralegal