[Law Firm Letterhead]

Commonwealth of Virginia

Department of Medicaid Assistance Services

Division of Third Party Liability

600 East Broad Street, Suite 1300

Richmond, VA 23219

Re:

Medicaid#:

Date of Loss:

Dear Sir/Madam:

I write as counsel for <Name of Law Firm> on behalf of our above named client. We have retained the Garretson Resolution Group to assist with the lien resolution of the above referenced case.

Please add this authorization to the outbound correspondence system and provide the Garretson Resolution Group with copies of all future correspondence. This information can be sent to:

Garretson Resolution Group, Inc.

4064 Colony Road, 2nd Floor

Charlotte, NC 28211

Thank you for your assistance in this matter. If you have any questions, please contact the Garretson Resolution Group directly at 704-559-4300.

Sincerely,

<Name of Law Firm>

(Attorney Name)