



Date: \_\_\_\_\_

To: Whitney Herzog Scimeca  
Deputy General Counsel  
Oklahoma Health Care Authority  
P.O. Box 18497  
Oklahoma City, Oklahoma 73154  
Facsimile: (405) 530-3444

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Signature on behalf of Requesting Attorney)*

Re: **Member's Name:**  
**Date of loss:**  
**Claim No., OHCA Case No., or Style of Case, Court Case Number and Name of Court:**

I/We are aware of the lien of the Oklahoma Health Care Authority ("OHCA") regarding the aforementioned member and regarding the aforementioned date of loss. A settlement or verdict has been obtained in the total amount of \$\_\_\_\_\_. A copy of the verdict and/or the settlement sheet, as well as a copy of the payment draft, is attached. Upon receipt of your authorization to endorse this payment draft, a draft made payable to the OHCA will be remitted within 10 days to the OHCA in the amount of \$\_\_\_\_\_.

Based upon the terms reflected above, I hereby agree to authorize the endorsement of the payment draft on behalf of the Oklahoma Health Care Authority.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Whitney Herzog Scimeca  
Deputy General Counsel  
Oklahoma Health Care Authority