



## MEDICAL LIEN INTAKE

### PROVIDER INFORMATION

#### Swing Orthopedic Sports Physical Therapy

15459 W. Bell Rd., Suite 107, Surprise, AZ 85374

T: 623.214.9661

F: 623.214.9662

9745 W. Happy Valley Rd., Peoria, AZ 85382

T: 623.572.0422

F: 623.572.0601

20250 N. 75<sup>th</sup> Ave., Glendale, AZ 85308

T: 623.243.7646

F: 623.243.9109

*Fax or email this form to the billing coordinator upon completion.*

15508 W. Bell Rd., Ste. 101  
PMB 210

Surprise, AZ 85374

T: 623.466.9415

F: 480.247.4699

[mariar@swingpt.com](mailto:mariar@swingpt.com)

### PATIENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Health Insurance \_\_\_\_\_

Insurance ID # \_\_\_\_\_

Date of Loss \_\_\_\_\_

Liability Insurance \_\_\_\_\_

Insurance Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Insured Name \_\_\_\_\_

Claim # \_\_\_\_\_

Policy # \_\_\_\_\_

Attorney Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Paralegal Name \_\_\_\_\_

Telephone # \_\_\_\_\_

It is the patient or legally responsible person's responsibility to inform Swing Orthopedic Sports Physical Therapy of any changes to the information provided. Contact the billing coordinator, Maria Roark at 623.466.9415 or [mariar@swingpt.com](mailto:mariar@swingpt.com) regarding changes to the contact information, changes to claim, charges to liability, and/or Attorney information noted on this form at anytime.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_