



MEDICAL LIEN INTAKE

Swing Orthopedic Sports Physical Therapy

15459 W. Bell Rd., Suite 107, Surprise, AZ 85374
P: 623.432.9965 F: 623.214.9661

9745 W. Happy Valley Rd., Peoria, AZ 85382
P: 623.432.9965 F: 623.572.0422

20250 N. 75th Ave., Glendale, AZ 85308
P: 623.432.9965 F: 623.243.7646

Fax or email this form to the billing coordinator upon completion. Form to be submitted at initial appointment or patient is defaulted to self-pay at each appointment.

Phone: 623.432.9965 #4
Fax: 623.466.9415
mariar@swingpt.com

PATIENT INFORMATION

Name _____

Address _____

Telephone # _____

Bill Health Insurance yes no

Health Insurance _____

Insurance ID # _____

Date of Loss _____

Liability Insurance _____

Insurance Address _____

Telephone # _____

Fax # _____

Email Address _____

Insured Name _____

Claim # _____

Policy # _____

Do you have an attorney? yes no

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 623.432.9965 #4 or 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. Patient is ultimately responsible for ensuring all charges are paid in full and by signing below, patient is agreeing to accept responsibility.

Authorized Signature _____ Date _____