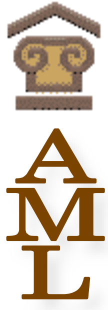

ARIZONA MEDICAL LIENS, L.L.C.

P.O. Box 6501
Peoria, Arizona 85381
Tel: (623) 203-1240 ♦ Fax: (623) 876-8636 ♦ azmedlien@cox.net

Arizona's Healthcare Provider Advocate

ACCOUNT IN-TAKE FORM

Provider Information:

Provider Name: ______________________________

Address: ______________________________
City State Zip

Phone: ____________ Fax: ____________ e-mail: ____________

Patient Information:

Name: ______________________________ Account#: ____________
Last First M.I.

Address: ______________________________

Health Insurer: ______________________________
Name ID Number

Date of Loss: ________ Date of 1st Treatment: ________ Date of Discharge: ________

Liability Insurer: ______________________________
Company Name Adjuster

Liability Insurer: ______________________________
Address Telephone Fax

Claim#: ____________ Policy#: ____________ Insured: ____________

Attorney: ______________________________
Firm Name Attorney

Attorney: ______________________________
Firm Address Firm Telephone Firm Fax

Paralegal: ______________________________
Name Telephone e-mail

Lien Information:

Lien Record Date: ________ Date Lien/Notice sent to Attorney/Liability Insurer: ________

Total Charges: ________ Total Payments: ________ Lien Amt: ________