

____ John D. Marshall, M.D.
____ Daniel D. Smith, D.C.
____ Summer Marshall, P.A.-C
____ Adam Schwartz, P.A.-C

Today's Date _____

Auto Acct # _____

Patient Information Sheet

Patient's Name _____ DOB _____ SS # _____

Address: _____

City: _____ State: _____ Zip: _____ Sex _____

Home #: _____ Work # _____ Employer: _____

Date of Accident: _____ Were you treated by another doctor for injuries? _____

Billing Information

Your Health Insurance

Insurance Co: _____

Address: _____

Insured: _____

Insured ID: _____

Group #: _____

Insured DOB: _____

Are we to bill health insurance? _____

Your Auto Insurance

(Medpay or PIP)

Insurance Co: _____

Insured: _____

Adjuster: _____

Claim #: _____

Policy #: _____

Adjuster Phone #: _____

3rd Party Information for County Lien

Name of Insurance Co: _____

Claims Mailing Address: _____

Adjuster Name: _____ Phone #: _____

Policy #: _____ Claim #: _____

Phone #: _____ Name of Insured: _____

Address of Insured: _____

Retained Attorney Information

Name: _____ Phone #: _____

Address: _____

If you are treated on a lien basis, this lien will be filed with the Maricopa County Recorder's Office and may affect any real estate transactions. When you are released from medical care, and go to settle your claim with the third party, the County Lien will be asking the 3rd party to name us on your settlement check, or pay us directly from your settlement. If you do not wish to treat on a lien basis, please notify the front desk.