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***** Please forward completed forms to intake@mw-law.com *****

HOSPITAL LIEN FILE REFERRAL FORM

Date:

CONTACT INFORMATION:

Name:

Company:

Company Address:

Phone:

Fax:

E-Mail:

PATIENT INFORMATION:

Full Name:

Address:

Phone:

Date of Birth:

Patient Account Number:

Social Security Number (if known):

LIEN INFORMATION

Hospital/Health Care Provider:

Hospital/Health Care Provider Address:

Billing Person to Contact for Records/Lien Verification:

Billing Person Phone:

Billing Person E-Mail:

Hospital/Health Care Lien Amount:

Admission Date:

Discharge Date:

ACCIDENT/INJURY INFORMATION

Date of Injury:

Location of Injury:

Summary of Accident Facts:

LITIGATION *(If possible, please include a copy of Complaint.)*

Style of Lawsuit:

State/County/Court:

Cause No:

Attorney Name:

Attorney Law Firm:

Attorney Address:

Attorney Phone:

Attorney E-Mail:

THIRD PARTIES INFORMATION

Potential Third Party(s):

Third Party(s) Liability Carrier:

HANDLING INSTRUCTIONS: *(Check One)*

File and Record Hospital Lien

Assert Lien and Attempt to Collect But Do Not File Lien

Proposed Fee Arrangement:

Special Handling Instructions:

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Disclaimer: *Sending a file to MWL through this feature, e-mail, fax, regular mail, or by other means, does not guarantee our retention, as that determination will be made after MWL's evaluation of the file. Upon MWL's receipt of a new file, clients are contacted via e-mail to confirm the file has been received and that it is in the process of being evaluated for possible handling by MWL. Following said evaluation, clients receive written notification as to whether MWL will be willing to handle your file. If you send a file and do not hear from us within an appropriate amount of time, please contact MWL at (800) 637-9176 to ensure we received your file.*