



MATTHIESEN, WICKERT & LEHRER, S.C.
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HOSPITAL LIEN FILE REFERRAL FORM

Date: _____

CONTACT INFORMATION:

Name: _____

Company: _____

Company Address: _____

Phone: _____

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:

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.