Precision Physical Therapy
and Sports Medicine

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Sean Fowler DO
Erika Townsend D-PT
422 E Southern Ave,
Tempe AZ 85282
Phone: 480-497-9399
Fax: 480-497-9229

Medical Lien

Patients Name: Alexxis Salazar **DATE OF BIRTH** 04/08/1992

HOME ADDRESS: 1175 W Pecos Rd Apt 1094 **CITY** Chandler

STATE: Arizona **ZIP** 86224 **DATE OF ACCIDENT:** 11/12/2025

FIRST D.O.S/AMOUNT 11/17/2025, $1048.50 **TREATING BEYOND 30 DAYS:** (Y)/N

I hereby acknowledge that I am receiving or are about to receive health care at Precision PT and Sports Medicine. I understand that payment is expected upon rendering of service. However, since I have third party insurance and/or first party insurance (uninsured motorist coverage, non-insured motorist coverage, or medical payments coverage), and/or general liability insurance, I agree to assign the benefits payable for my medical bills to Precision Physical Therapy and Sports Medicine.

In turn, Precision Physical Therapy and Sports Medicine agrees to extend credit to me and wait for its payment until proceeds are mailed upon settlement. If benefits are not assignable, I agree to pay for these services in full within ten days of receipt of the settlement proceeds of the claim. I further understand that each day after the tenth day Precision Physical Therapy and Sports Medicine does not receive its balance in full, an interest of 1.8% compounded monthly interest will be assessed to my balance.

Furthermore, if Precision Physical Therapy and Sports Medicine should have to retain an attorney to collect said sums, I understand that I am going to be held responsible for any and all of the attorney fees incurred in the collection of this account.

I declare under penalty of perjury that the foregoing is true and correct. SIGNED AND DATED THIS MONTH 10V **DAY OF** 17 **20** 25 **, AT TEMPE, ARIZONA**

Patient's Signature **Witness Signature**

Med-pay Insurance Company: _____ **Claim#:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Third Party Insurance Company: _____ **Claim#:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Attorney Name: _____ **Firm Name:** _____

Phone: _____ **City:** _____ **State:** _____ **Zip:** _____