

# Unofficial 20 Document

Precision Physical Therapy  
and Sports Medicine

ML  
Cr

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

## Medical Lien

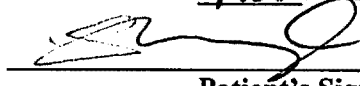
Patients Name: Stephanie Perez DATE OF BIRTH 12/02/1992  
HOME ADDRESS: 3307 S Los Feliz Dr CITY Tempe  
STATE: Arizona ZIP 85282 DATE OF ACCIDENT: 11/05/2025  
FIRST D.O.S/AMOUNT 11/14/2025, \$1673.50 TREATING BEYOND 30 DAYS Y/N

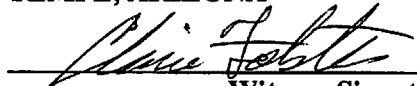
I hereby acknowledge that I am receiving or are about to receive health care at Precision PT and Sports Medicine. I understand that payment is expected upon rendering of service. However, since I have third party insurance and/or first party insurance (uninsured motorist coverage, non-insured motorist 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 NOV DAY OF 14 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: Amara and Associates

Phone: 623-471-8881 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_