

All Information is Important to Secure a Valid Lien. If Information Below is Left Blank, You May Risk Your Claim to A Valid Lien, Although We Will Do Our Best to Obtain Accurate Information.



Titan Lien Services

Medical and Health Care Provider Lien Request Sheet Fax to Titan Lien Services: 480-380-3636

Your Contact Information	Your Contact Information	
	Your Name	
	Doctor's Name	
	Name of Clinic	
	(complete address)	
	Email Address	Phone
	Patient Name	
Patient Information	Patient's Address	
	Date of Loss	
	Time of Day	
	Place where accident occurred:	
	City and County accident occurred:	
	Date of Patient's 1st Treatment:	Date you last saw Patient for Treatment:
	Is Patient Continuing Treatment: Yes No	If Treatment Complete, date released:
	Amount Claimed for All Treatment to Date:	
Med Pay Information	Insurance Company Name	
	(complete address)	
	Adjuster	Phone
	Claim Number	Insured
	Policy Number	
Third Party Info	Insurance Company Name	
	(complete address)	
	Adjuster	Phone
	Claim Number	Insured
	Policy Number	
Attorney Info	Attorney Name	Phone
	Name of Firm	
	(complete address)	

If there is additional pertinent information - please include it on an additional sheet of paper

Office Use	Date Received:	Notes:
	Date Recorded:	Recording Number: