

Liability Insurance Information

Date: _____ **Patient Account #:** _____

****If you have an attorney we will need a letter of representation.****

Patient Name: _____

Patient Address: _____
street city zip

Patient Phone - Home: _____ **Cell:** _____

Date of Injury: _____

Type of Injury: **Motor Vehicle** **School Sports** **Other**

(please indicate if other): _____

Liability Insurance Information:

Company Name: _____

Company Address: _____
street city zip

Company Phone: _____

Policy Number: _____

Claim Number: _____

Adjuster's Name: _____

Attorney's Name, Address and Phone Number (if applicable):

**** Please provide us with your personal health insurance information also ****

Name & Address of Insured (if other than patient): _____

Insurance Company Name/Address: _____
