

## **Auto Accident Insurance Information**

This information needs to be completed and verified before we will accept assignment of benefits for your case. The charges for services you receive are always your responsibility. We will file your claims for you as long as we have all correct information needed prior to the rendering of services. We will accept assignment of benefits once coverage has been verified, however your account balance remains your responsibility if your insurance does not pay in a timely manner, does not cover your full balance or maximum benefits have been reached . We do not hold accounts balances during litigation.

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

\_\_\_\_\_

Patient Phone #: \_\_\_\_\_

(Alternate phone: work or cell): \_\_\_\_\_

Patient Social Security #: \_\_\_\_\_

Your Auto Insurance Company: \_\_\_\_\_

Your Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your med-pay coverage maximum? \$ \_\_\_\_\_

How much of your med-pay benefits have you used? \$ \_\_\_\_\_

Date of accident: \_\_\_\_\_

Claim #: \_\_\_\_\_

Insurance Adjuster's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Claims submission address: \_\_\_\_\_

\_\_\_\_\_

Attn: \_\_\_\_\_

Can claims be submitted by fax? If yes, fax #: \_\_\_\_\_