

Auto Accident Related Injury

-We need the following information to bill your account for medical treatment related to an automobile accident. We do not participate with any auto insurance carrier. Therefore in the event where your auto insurance does not respond in a timely manner, the patient is responsible for payment of any services rendered. If auto insurance comes through and pays for services after the patient has paid, a refund will be issued to the patient.

-The Michigan No-Fault Law requires that the auto accident be reported to your auto insurance company regardless if you are the driver or passenger.

***NOTE:** We need to know if your health insurance is primary to your auto insurance.

Patients Name: _____ **DOB:** _____

Was the injury reported? YES NO

If yes, to whom? _____

What is the date of the above injury? _____

Auto Agent: _____

Auto Ins Carrier: _____

Address: _____

City, State and Zip Code: _____

Claim Number: _____

Adjustor Name _____ **Phone #:** _____

If you have health insurance coverage, are they primary to your auto insurance?
YES NO N/A

I understand that if the Auto Carrier does not pay on this claim, I am responsible to pay for services rendered.

Signature _____ **Date** _____