

PERSONAL INJURY INSURANCE INFORMATION

You have notified our office that you were involved in a Motor Vehicle Accident. Due to the rising costs of medical services you may not want to pay for each visit personally. As a courtesy to our patients Bear Physical Medicine and Rehabilitation will defer payment on the account provided that we receive your cooperation on the following:

- 1) Provide the following insurance information:
 - Insurance Information for the Person Responsible for the Accident
 - Personal Auto Insurance
 - Health Insurance
 - Attorney Information (if applicable)
- 2) Set up Personal Injury Protection Claim (if applicable)
- 3) Cooperate with our office in communicating with involved insurance carriers/attorneys

INFORMATION NEEDED:

Please circle one: Driver or Passenger Did the air bags Deploy? Yes or No

Description of your vehicle: (Year, Make, Model) _____

Description of other vehicle: (Year, Make, Model) _____

Police Notified? Yes or No Police Report Obtained: Yes or No

How much is the vehicle damage? _____ Total Damage Yes or No

Insurance Information for at Fault: _____

Name of Insured: _____ Policy#: _____

Claim #: _____

Adjuster Name: _____ Adjuster Phone: _____

Personal Auto Insurance: _____

Have you reported the claim to your insurance company? YES or NO

Do you have full coverage YES or NO Do you have Personal Injury Protection YES or NO

Liability only YES or NO

Name of Insured: _____ Policy#: _____

If applicable: Claim #: _____

Adjuster Name: _____ Adjuster Phone: _____

If you were a passenger, please provide the insurance information of person driving:

Name of Driver: _____ Phone: _____

Name of Insurance: _____ Policy#: _____

If applicable: Claim #: _____

Adjuster Name: _____ Adjuster Phone: _____

Health Insurance:

Name of Insurance: _____ Phone: _____

Insured's Name: _____ Insured DOB: _____

Policy Number: _____ Group Number: _____

Attorney Information: (if applicable)

Attorney Name: _____

Address: _____

Phone: _____ Contact Person: _____