WESTERVILLE CHIROPRACTIC & NUTRITION

Insurance Information

YOUR Auto Insurance Company	
Name on Policy	
CLAIM # Assigned to case	
DATE Claim Assigned	
Claims Adjustor Assigned	
Claims Adjustor's Phone	
Claims Billing Address	
Med Pay Coverage	_____Yes _____No

Other Party's Insurance Company	
Name on Policy	
Name of Driver	
Claim # Assigned	
Date Claim Assigned	
Claims Adjustor Assigned	
Claims Adjustor's Phone	
Claims Billing Address	

Name of Your Attorney	
Phone Number	
Address	

****PLEASE BE ADVISED**: As stated in our payment agreement, our office policy is to bill YOUR auto insurance med-pay regardless of accident fault. Your insurance will pay your bills as they incur. The responsible at-fault insurance company should reimburse your insurance company at the time of settlement. It is your responsibility to set up a med-pay claim with your auto insurance company.

Signature_____ Date_____

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