Patient Auto Insurance Profile

Patient Name_____ Date of Accident_____

Legal Representative_____ Rep. Phone #_____

Total # of Vehicles in Accident_____

I Was _ Driving _Passenger In _My Own Car _Someone Else's Car

_I Was Given Citation for Being At Fault _The Other Driver Was Given Citation for Being At Fault

Your Auto Insurance Company Information

Insurance Company name_____

Phone #_____ Fax #_____

Address_____

Claim #_____ Adjuster's Name_____

I Have Med Pay on My Policy _Yes _No Limits_____

Your Health Insurance Information

Insurance Company Name_____

Phone #_____ Fax #_____

Address_____

Policy #_____ Limits_____

Adverse Auto Insurance Company Information

Insurance Company Name_____

Phone #_____ Fax# _____

Address_____

Claim #_____ Adjuster's Name_____

Chiropractic Physicians
Dr. Michael Staub D.C., F.I.A.M.A. and Dr. Shaun Hudson D.C.
The Bone and Joint Wellness Center
10752 N 89th Place, Suite A-101
Scottsdale, AZ 85260
P: (480) 990-2663 • F: (480) 941-2825