

ACCIDENT RELATED HISTORY

1. DATE OF ACCIDENT
2. TIME OF ACCIDENT
3. LOCATION OF ACCIDENT
4. PLEASE GIVE A BRIEF DESCRIPTION OF THE ACCIDENT INCLUDING SPEED YOU WERE TRAVELING, DIRECTION AND WHERE COLLISION OCCURRED.

5. NAME OF INSURANCE COMPANY
6. ADDRESS AND PHONE NUMBER OF INSURANCE COMPANY

7. NAME OF INSURED
8. CLAIM NUMBER
9. POLICY NUMBER
10. ATTORNEY NAME, ADDRESS AND PHONE NUMBER IF ANY

YOUR AUTOMOBILE INSURANCE WILL USUALLY COVER 80% OF YOUR MEDICAL EXPENSES. THE REMAINING 20% PAYMENT IS EXPECTED AT THE TIME OF SERVICE UNLESS WE RECEIVE A LETTER OF PROTECTION FROM YOUR ATTORNEY. IN THIS CASE THE BALANCE OF EXPENSES WILL BE PAID DIRECTLY TO THE OFFICE AT THE TIME OF SETTLEMENT.