## **Auto Injury Billing Information**

\*It is very important that we have as much of this information as possible\*

Policy Holder's Name:	
Date of Accident:	Was someone else at fault? YES NO
Auto Insurance Carrier:	
Claim Number:	
Medical Adjustor's Name:	
Phone Number:	Address:
Extension:	
Fax:	
MedPay Available? YES or NO	
out-of-network health insurance benefit	ts? YES or NO  test expenses for deductibles and copayments to
be collected at the time of service(s) are	
Health Insurance Carrier:	
	Group#:
Provider Phone Number:	
Information about the other driver:  Driver's Name:	
Auto Insurance Carrier:	
Claim number: Bodily Injury Adjustor's name:	
Phone number:	
Extension:	raa.
	e an attorney file your paperwork. If you do not have
an attorney, please ask your doctor for a refe	
	Address:
Fax Number:	