

**Goodyear
Chiropractic**

980 S. Watson Rd., Ste.105
Buckeye, AZ 85326

Insurance Information

Date of Accident: _____ **Driver** _____ **Passenger** _____

Please provide as much information as possible so your case can be set up to your financial advantage. In the state of Arizona, insurance laws read that you have the right to bill any insurance policy under which you have coverage. In the case of more than one insurance coverage, overpayment occurs. We only need to be paid once, so all overpayments will be reimbursed.

Medical Payment Coverage: On your automobile insurance or the automobile insurance for the car in which you were a passenger, there may be coverage called "Med Pay". This coverage is for any injuries that may have occurred to someone in the automobile. It will cover anything from an automobile accident that either was or was not your fault, to slamming your finger in the car door. Using this portion of the policy cannot raise your premium or affect your record in anyway. In fact, this is exactly why you pay for "Med Pay" on your insurance policy. (This information is printed on the "Proof of Insurance" card in automobile.

Claimant: _____
Policy Holders Name: _____
Insurance Company: _____
Policy # _____
Claim # _____
Adjuster: _____
Send Claims To: _____

Third Party Liability: Insurance information for the person who was in the "Other Car", found on the accident report.

Accident Report: _____
Was Anyone Ticketed? _____ YES _____ NO WHO: _____
Driver's Name: _____
Policy Holder's Name: _____
Insurance Co. Name: _____
Phone # _____
Policy # _____
Claim # _____
Adjuster: _____
Send Claims To: _____

Attorney Information:

Name: _____
Firm: _____
Contact Person: _____
Phone # _____
Send Statement To: _____

Patient Name _____ Medical Record # _____