

RAND O. TORMAN, D.C., P.C.

Addendum to AUTOMOBILE ACCIDENT QUESTIONNAIRE

In order to bill the automobile insurance to cover your treatments, we need the following information in reference to the vehicle that you were in:

Patient Name: _____ **Date of Accident:** _____

The state in which the accident occurred: _____

A. Insurance Information on the vehicle you were in:

1. Person to whom car is registered/insured:

Name: _____ Relationship to patient: _____

Address: _____

2a. Auto Insurance Agent:

Name: _____ Phone: _____

Address: _____

OR

2b. Auto Insurance Carrier/Company:

Name: _____ Claim #: _____

Address: _____

Phone: _____ **ext #:** _____ **Contact:** _____

B. HEALTH INSURANCE (Note: we must be participating with your health Insurance to assure payment by Auto Insurance)

Policy ID#: _____

Subscriber's Name: _____ Relationship to patient: _____

Subscriber's Address: _____

(if different than Patient's)

Insurance Co. Name: _____ Phone: _____

Insurance Co. Address: _____

C. ATTORNEY:

Name: _____ Phone: _____

Address: _____