



****Following your auto accident, you will need to provide the following information **upon your initial visit.**

If YOU were NOT at Fault:

1. Police Report (if one taken)

OR

2. Your Automobile Medical Coverage and Policy Information.

Date and Place of Accident:_____

Insurance Company Name_____

Claim #_____ Policy Holder's Full Name:_____

Adjustor's Name:_____ & Phone:(_____)_____

Billing Address:_____

AND

3. The At-Fault Driver's Insurance Company_____

Full Name of Insured (Driver or Policyholder, if different):_____

Claim #:_____

Adjustor's Name:_____ &Phone (_____)_____

Billing Address:_____

If YOU were At Fault:

1. Your Automobile Medical Coverage and Policy Information.

Date and Place of Accident:_____

Insurance Company Name_____

Claim #_____ Policyholder's Full Name:_____

Adjustor's Name:_____ &Phone (_____)_____

Billing Address:_____

OR

2. Your health insurance card. (If only filing personal health insurance, you will be required to pay Trapp Spinal Care **as services are rendered**, file your claim, and wait to be reimbursed by your insurance company. You will be responsible for any charges not covered by insurance.)