

ADVANCED TRAINING --- --- --- **AND REHAB**

Physical Therapy and Sports Specific Fitness Training

Auto Accident Information Form

(For billing purposes only)

Are you being treated due to an auto accident? Circle One: Yes No

If no, disregard the following questions. If you answered yes, please fill in the following information.

What date did the accident occur? _____ What state did the accident occur? _____

DO you have private health insurance that is going to be billed? Circle One: Yes No

BRIEFLY describe the accident: _____

What is your automobile insurance company? State name, address, phone, and policy #:

Do you have med pay through your auto insurance? Circle one: Yes No I don't know

Who is the at fault party's insurance company? Even if you intend to consult an attorney, we will assert a lien to the insurance company to advise them of our interest in the case.

If there is an attorney involved please provide the following information, if you acquire one in the future please let us know.

I authorize Advanced Training and Rehab, LLC to submit bills to the above carriers in order to obtain payment for me to receive treatment for the physical or occupational services from Advanced Training and Rehab pertaining to the accident listed above for the duration of the treatment I receive.

Signature _____ Date _____

Witness Signature _____ Date _____