

Claim Information Needed to Bill Insurance

Patient Name: _____

Name of Insurance Company: _____

Billing address of insurance company: _____

Claim #: _____

Date of Injury: _____

First and last name of claim adjustor and contact information: _____

Is your claim in litigation? _____

If your health insurance or auto insurance primary? _____

Do you have a pending Independent Medical Exam for your claim? If yes, when? _____