

Patient's Name \_\_\_\_\_

**It is the policy of West Chester Chiropractic Center, Inc. to bill patient's Own Med-Pay Insurance FIRST...If the Med-Pay is exhausted during the course of care, at that time we will then bill AT-Fault driver's insurance. It is the patient's responsibility to open the med-pay claim with their own insurance PRIOR to services in our facility.**

Patient's Auto Insurance Company:

Name \_\_\_\_\_

Insurance Co \_\_\_\_\_

Phone No \_\_\_\_\_

Claim No \_\_\_\_\_

Adjuster \_\_\_\_\_

Have you reported/contacted your insurance company      Y      N

Date of Accident: \_\_\_\_\_ State Occurred \_\_\_\_\_

Claim Against:

Name \_\_\_\_\_

Insurance Co \_\_\_\_\_

Phone No \_\_\_\_\_

Claim No \_\_\_\_\_

Adjuster \_\_\_\_\_