

# Devine Chiropractic & Rehab Center P.S.

1205 2<sup>nd</sup> Avenue Seattle, WA 98101

(206) 623.2225



DowntownSeattleChiropractic.com

(206) 623-2225

## Personal Injury Billing Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Driver's Auto Insur. Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Claims Ins. Co. Address \_\_\_\_\_

Claims Adjuster Claim # \_\_\_\_\_

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

Other Driver's Name \_\_\_\_\_

Ins. Co. Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Claim # \_\_\_\_\_

Date of Injury \_\_\_/\_\_\_/\_\_\_\_\_

All of the above information is correct to the best of my knowledge. I agree that Devine Chiropractic & Rehab Center, P.S. will bill my insurance company, however, I also agree that any balance owing is ultimately my responsibility.

Signature \_\_\_\_\_

Date \_\_\_\_\_