

## Personal Injury Accident Worksheet

When this injury occurred, I was the:  driver of car  passenger in car  pedestrian/hit by car  Other (please explain): \_\_\_\_\_

Patient's PIP or UM/UIM Insurance: \_\_\_\_\_ Claim # \_\_\_\_\_

Insurance Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOI: \_\_\_\_\_ Injury State: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the patient the insured party?  Yes  No - If NO, complete below:

Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Is this an **open** Personal Injury Protection (PIP) claim?  Yes  No (If you have not completed & submitted your PIP application, your claim is **not** open.)

Is this an **open** uninsured/underinsured (UM/UIM) motorist claim?  Yes  No (If you have not completed/submitted your application, your claim is **not** open.)

If this is PIP or UM/UIM, once your policy limits have been expended, will your health insurance subrogate?  Yes  No

Have you completed subrogation paperwork with your health insurance company?  Yes  No

Health Insurance Carrier's Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Third Party's Insurance: \_\_\_\_\_ Claim # \_\_\_\_\_

At-fault Party's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Adjuster's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insured's Name, if different from At-fault Party: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Has Third Party Carrier accepted liability for the claim?  Yes  No

Is there an attorney involved?  Yes  No

If yes, attorney's name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Are you currently or have you previously received treatment for this injury from any other healthcare providers (including, but not limited to, chiropractors, massage therapists, other physical therapists)? If so, please list each provider's name, specialty, and treatment dates below:

**Please bring the following information to your first appointment:**

**Copy of your auto insurance declaration page and police report, if one was made, as well as your health insurance card(s).**