

Personal Injury Intake

Patient Name: _____ Date of Injury: _____

At Fault Auto Insurance Company Name: _____

Claim Number: _____

Adjuster Name: _____

Phone Number: _____

Claims Address: _____

Your Auto Insurance Company Name: _____

Claim number: _____

Adjuster Name: _____

Phone Number: _____

Claims Address: _____

Attorney Information

Firm Name: _____

Attorney Name: _____

Phone Number: _____

Address: _____

Health Insurance

WE NEED A COPY OF YOUR AUTO AND HEALTH INSURANCE CARDS

Was a police report taken? YES NO
(If yes, please provide a copy of police report)

Financial Arrangements

The initial consultation is at no charge. From that discussion, Dr. Miller will make recommendations for an evaluation tailored to the individual situation including financial arrangements that can be complex in cases of this type. The patient is ultimately responsible for payment regardless of insurances, liens, or settlements.

Signature: _____ Date: _____