



# Eastern Hills Chiropractic

*The Experience You Need for the Results You Want*

684 Old State Route 74 - Cincinnati - Ohio - 45245

(513) 528-2200

## Personal Injury Case Info Form

Please bring this info to our office for your first visit after your car accident. We need all of this information to obtain the best insurance benefit for your case.

Our office files **with your auto policy first**, regardless of who was cited in your accident. This allows you to use the MED PAY portion of your policy that pays your health care in the event of an accident. Using your MED PAY does not affect your premium or points at all. This is simply a benefit you pay for. In the unlikely event your policy does not offer MED PAY, we would use the other party's insurance info.

**Please call your insurance company before your appointment and tell them you want to open a MED PAY claim, and then bring your claim number to the office.**

Also, please answer the following:

1.) Were you cited in the accident or someone else? \_\_\_\_\_

2.) What is **your** AUTO insurance co. name? \_\_\_\_\_

Auto insurance phone number? \_\_\_\_\_

MEDPAY claim #? \_\_\_\_\_

Maximum MEDPAY Benefit? \_\_\_\_\_

3.) If someone else was cited, what is their name? \_\_\_\_\_

4.) What is their insurance co. name? \_\_\_\_\_

Phone number? \_\_\_\_\_

Claim number? \_\_\_\_\_

5.) What is your health insurance co. name? \_\_\_\_\_

Phone Number? \_\_\_\_\_

Policy Number? \_\_\_\_\_