



Corentino Chiropractic
3501 Montlimar Plaza Drive
Mobile, AL 36609
Phone: (251) 445-2295
Fax: (251) 445-2299

Personal Injury Information

Patient Name: _____ **Date of Accident:** _____

Do you have personal **health** insurance? Yes No
If so, what company? _____

Do you have personal **auto** insurance? Yes No
 Full Coverage Liability
If so, what company? _____

Claim #: _____

Adjuster's Name: _____

Adjuster's Contact Info: _____

Claims Mailing Address: _____

Do you have Med-Pay? Yes No
If so, what are the limitations? _____

Were you in a personal or commercial vehicle? Personal Commercial
If so, what company? _____

Have you obtained an attorney? Yes No
If so, who is the attorney? _____
Contact Info: _____

Did you go to the ER? Yes No
If so, which hospital? _____

Did you get any other treatment from a health care provider for the accident? Yes No
If so, Whom? _____

How much damage did you have to your vehicle? \$ _____

Third Party (Person who hit them):

Do they have personal **auto** insurance? Yes No
 Full Coverage Liability
If so, what company? _____

Claim #: _____

Adjuster's Name: _____

Adjuster's Contact Info: _____

Claims Mailing Address: _____

Were they in a personal or commercial vehicle? Personal Commercial
If so, what company? _____

How much damage did they have to their vehicle? \$ _____