

LUDWIG CHIROPRACTIC CENTER, P.S.

19950 S. Prairie Rd. E. Bonney Lake, WA 98391

Dr. Alan S. Ludwig

253-735-0123

Personal Injury Claim Information

Patient Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ E-mail _____

Insurance Information: _____ Date of Injury _____

Your Insurance Company
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax Number _____
Claim Number _____
Claim Manager Name _____ Phone _____
Do you have "Personal Injury Protection", PIP? Yes _____ No _____
If no, do you recall if you signed a statement declining coverage? Yes _____ No _____

Name of other party involved (3rd party):
Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Insurance Company
Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax Number _____
Claim Number _____ Claim Manager _____

Is there an attorney involved with this injury? Yes _____ No _____
Attorney Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

In Office Use Only

Date of filing lien _____
County Recording number _____
Who is lien filed against _____
Date of releasing of lien _____
County Recording number _____