

AUTOMOBILE OR PERSONAL INJURY REPORT

PLEASE PRINT

Full Name _____ Date: _____

Auto Insurance Carrier _____ Phone # _____

Attorney (if applicable) _____ Phone # _____

Location of Accident: _____ City _____ St _____

File # _____ Claims Adjuster _____

Date and Time of Accident _____ AM PM No-Fault application completed: _____

Please describe how your injury occurred: _____

Area of Injury: Neck Upper Back Mid Back Lower Back Other _____

Have you ever had a similar injury? No Yes: Please describe and give date _____

Is current injury solely a result of the above accident? Yes No: Explain _____

Did you go to the hospital for current injury? No Yes: Treatment given: _____

Were X-rays taken? No Yes: Name of facility: _____

Have you received any other treatment for this condition? No Yes: From whom? _____

Have you lost work time because of the accident? No Yes: The last date I worked was: _____

Are you disabled? No Unsure Totally Disabled Partially Disabled Temporary Permanent

If Auto Accident, were you: driver front passenger right rear passenger left rear passenger

Were you wearing a seat belt? Yes No At time of impact I was facing: Front Rear Right Left

Did you strike anything in vehicle at time of impact? No Yes Explain: _____

My vehicle was struck on the: Front Rear Right side Left side

I struck another vehicle on its: Front Rear Right side Left side

AGREEMENT TO PAY MEDICAL COSTS

In the event I fail to prosecute the claim for this injury or condition or it is determined by the legal system that the injury or condition is not a result of a compensable claim, I hereby agree to pay Natural Health Chiropractic of 2364 Lyell Avenue Rochester, NY 14606, their usual and customary fees for services rendered to me in the above identified case.

SIGNATURE

DATE

If signed by someone other than claimant, print name and address below:

Name _____

Address _____

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
ASSIGNMENT OF BENEFITS FORM
(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

I, _____, ("Assignor") hereby assign to
(Print patient's name)

Natural Health Chiropractic ("Assignee") all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law. shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred

_____, not withstanding any other agreement to the contrary.
(Print Accident Date)

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

(Print name of Patient)

(Signature of Patient)

(Date of signature)

(Address of Patient)

Provider:
Natural Health Chiropractic, PLLC
Brett L. Kinsler, DC & Michalene A. Elliott, DC
2364 Lyell Avenue Rochester, NY 14606

(Provider Signature)

(Date of Signature)