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AUTO INSURANCE ACCIDENT INFORMATION	
Patient Name:	**Date of Birth:**
Insurance Company:	
Date of Accident:	**Claim Number:**
Insurance Phone:	**Insurance Fax:**
Insurance Claim Mailing Address:	

NOTES

AUTO INSURANCE BILLING POLICY

Auto insurance claims are billed at full treatment price and itemized by service. Patients who pay at the time of service receive a discounted "payment at time of service" price. Therefore, there may be a difference between charges billed to the insurance company and out-of-pocket payments made by you at the time of service.

Please note that **you are responsible for all charges not paid by the auto insurance company**. These charges will not be reduced to a discounted "payment at time of service" price.

I understand the auto insurance billing policy outlined above and request insurance billing for my treatment.

Signature: _____ Date: _____

Office use: ☐ FS
☐ PM
☐ SCAN

updated September 16, 2018