



Tuttle Chiropractic Center, P.S.

## Personal Injury Billing Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Driver's Auto Insur. Co. \_\_\_\_\_  
Policy # \_\_\_\_\_ Phone # \_\_\_\_\_  
Claims Ins. Co. Address \_\_\_\_\_  
Claims Adjuster \_\_\_\_\_ Claim # \_\_\_\_\_  
Attorney's Name \_\_\_\_\_  
Attorney's Address \_\_\_\_\_  
Other Driver's Name \_\_\_\_\_  
Ins. Co. \_\_\_\_\_ Phone \_\_\_\_\_  
Policy # \_\_\_\_\_ Claim # \_\_\_\_\_  
Date of Injury \_\_\_\_\_

All of the above information is correct to the best of my knowledge. I agree that Tuttle Chiropractic Center, P.S. will bill my insurance company, however, I also agree that any balance owing is ultimately my responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date