

Motor Vehicle Accident Form Patient Information

NAME: _____
Last First Middle

Please mark the box below that best describes your situation:

Driver of a car

If you were the driver of a car and have **PIP** coverage (**Personal Injury Protection**) on your car insurance, your PIP coverage will cover your medical expenses to the dollar limit on your policy. In order to have them cover your expenses, *you must* contact your insurance plan and open a claim.

Passenger in a car

Pedestrian / on a bicycle

If you were a passenger in a car involved in an accident, or were a pedestrian or bicyclist that was hit by a car, please provide PIP information of the driver of the car if you want us to bill their insurance company. You may be asked to complete an authorization form by that insurance company before we can bill them.

If there is no PIP coverage, we will bill your medical insurance. If you do not have medical insurance, you will be responsible for paying at the time of your appointment.

Please fill in all PIP / Auto Insurance Information in the box below

Please note: You will be responsible for charges if:

1. **You were the driver and you do not have Personal Injury Protection** (aka P.I.P.) or medical insurance or if your P.I.P dollar limit is exceeded and you do not have medical insurance.
2. **You were not the driver and the driver does not have P.I.P** and you do not have medical insurance.

Responsible Auto Insurance Company Name _____

Name of Insured: _____

Date of Accident: _____/_____/_____

Claim # _____

Adjustor's Name: _____

Phone: _____

Claim's Address: _____

I have read and understand the information above.

Patient/Responsible Party

Date