

Schneider Chiropractic

The personal injury "To do" list (10)

Dear patient,

Please make sure that you get the following items within the first few days of starting care in our office. They are essential for your proper treatment and help to make your case run smoothly.- Thank you!

Your insurance company's accident claim # and the name and phone # of your insurance company's adjuster assigned to this case.

Insur.Co.Name _____

Adjuster's name: _____

Phone #: _____

What is your Med Pay coverage limit: \$1,000 \$2,000
\$5,000 other:\$ _____

the ticketed driver's insurance information (if it is not the driver of the other vehicle, notify our office at once).

Insur.company: _____

Adjuster's name: _____

Phone #: _____

If you have already "signed on" with an attorney, name: _____

address: _____

phone: _____

If you haven't and would like the name(s) of some recommended attorney(s), check this box.

Your help is truly appreciated!
Thank you!