

Devine Chiropractic & Rehab Center P.S.

1205 2nd Avenue Seattle, WA 98101

(206) 623.2225



DowntownSeattleChiropractic.com

(206) 623-2225

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 Devine Chiropractic & Rehab Center, P.S. will bill my insurance company, however, I also agree that any balance owing is ultimately my responsibility.

Signature _____

Date _____