

MOTOR VEHICLE INSURANCE INFORMATION

Please fill out the following insurance information for the vehicle you were in at the time of the accident. If you are no longer under an active insurance claim for your accident, you may not need to fill this out. Please ask a front-end staff member.

ACCIDENT INFORMATION

PATIENT NAME: _____ DATE OF ACCIDENT: _____

PROVINCE/LOCATION OF ACCIDENT _____

INSURANCE COMPANY NAME: _____

INSURANCE ADDRESS: _____

POSTAL CODE: _____

NAME OF INSURER (OWNER OF CAR): _____

POLICY #: _____ CLAIM #: _____

ADJUSTOR INFORMATION

ADJUSTOR NAME: _____

PHONE: _____ FAX: _____

SOLICITOR INFORMATION

LAWYER: _____ LAW FIRM: _____

EXTENDED HEALTH BENEFITS

We are required by law to have any extended health benefits on file.

INSURED MEMBER: _____

ID/MEMBERSHIP #: _____ GROUP/PLAN: _____

If you were injured in an accident in Alberta you will be eligible for treatment with the Diagnostic & Treatment Protocols ("The Protocols"), if you meet the criteria set out by the Alberta Government.

It is your responsibility to communicate with your insurance company, and to complete the proper claim forms. Please note that you may still be covered by your car insurance company under "Section B" benefits if you do not qualify for "The Protocols".

I AGREE AND UNDERSTAND THAT IT WILL BE MY RESPONSIBILITY FOR PAYMENT IF THE INSURANCE COMPANY DOES NOT COVER TREATMENT COSTS.

X

Signature

Date: