

23745 225th Way Suite 107 • Maple Valley, WA 98038 • 425-413-3801

Personal Injury Protection (PIP) Auto Insurance Information Form

Patient Name		Date			
Address			:	Zip	
Phone #	Date of Birth	Date of Ir	Date of Injury/Accident		
Did the accident occur in WA state?	Yes No If no	o, what state?			
Your Insurance Co. (or the car you were in)		Name of Ir	Name of Insured		
Address of Ins.Co		State	Z	ip	
Claim #	Adjuster Nam	ne			
Phone		Fax			
Attorney Name (if applicable)	Contact Person_				
Address		State	<u> </u>	Zip	
Phone		Date Retained			
In fairness to the other patients and the penarged a \$40 cancellation fee. Once your Personal Injury Protection (I payment from the insurance company. I responsible for payment.	PIP) insurance coverag	ge has been verified, we wi	ill be glad	to bill directly to and accept	
I understand that Maple Valley Acupunc your PIP, run out of funds, or do not hav awaiting settlement.					
I hereby authorize the release of my me medical bills incurred in this office.	dical records to the ab	pove insurance company for	the expre	ess purpose of payment of my	
I hereby authorize the insurance compan	y or attorney to remit p	payment directly to this office	ce.		
Signature		Date			
Printed Name					