SPORTS MEDICINE AND REHABILITATION THERAPY, INC.
PHYSICAL THERAPY
www.smartphysicaltherapy.com

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328 MAIN STREET
READING, MA. 01867-3618
781-944-5246
FAX: 781-944-6686

AUTO INSURANCE CLAIM

AUTO INSURANCE: _____

ADDRESS: _____
STREET CITY STATE ZIP

CLAIM #: _____ ADJUSTER: _____ PHONE #: (___) _____

INSURED'S NAME: _____ RELATION: _____

ADDRESS: _____
STREET CITY STATE ZIP

HEALTH INSURANCE: _____

ADDRESS: _____ PHONE: _____
STREET CITY STATE ZIP

POLICY/SUBSCRIBER ID#: _____ GROUP#: _____

SUBSCRIBER'S NAME: _____ RELATION: _____

HAVE YOU RETAINED AN ATTORNEY? YES NO

ATTORNEY NAME: _____ PHONE: (___) _____

ADDRESS: _____
STREET CITY STATE ZIP

PLEASE NOTIFY OUR OFFICE SHOULD YOU ACQUIRE AN ATTORNEY FOR THIS INJURY AS THE PATIENT/GUARDIAN IS SOLELY RESPONSIBLE FOR ALL INFORMATION REGARDING THIS CLAIM.

NOTICE OF INFORMATION PRACTICES

FEDERAL LAW REQUIRES THAT YOU BE AWARE OF HOW WE MAY USE YOUR MEDICAL INFORMATION.
A COPY OF THESE REGULATIONS IS AVAILABLE TO YOU AT OUR FRONT DESK.

I ACKNOWLEDGE BEING OFFERED A COPY OF THIS NOTICE.

Dated: _____ Patient's Signature: _____