

FEDERAL WAY ACUPUNCTURE CENTER  
202 S 348<sup>th</sup> St Suite 4 • Federal Way WA 98003 • 253-517-5709

Personal Injury Protection (PIP) Auto Insurance Information Form

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Injury/Accident \_\_\_\_\_

Did the accident occur in WA state? Y / N If no, which state? \_\_\_\_\_

Your Insurance Company (or the car you were in) \_\_\_\_\_

Name of Insured \_\_\_\_\_

Address of Insurance Co. \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Claim # \_\_\_\_\_ Adjuster Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Attorney name (if applicable) \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date Retained \_\_\_\_\_

In fairness to the other patients and the practitioner, 24 hours notice is required for cancellation of an appointment or you will be charged a \$30 cancellation fee.

Once your Personal Injury Protection (PIP) insurance coverage has been verified, we will be glad to bill directly to and accept payment from the insurance company. It should be understood that all services are charged to you, the patient, who is legally responsible for payment.

I understand that Federal Way Acupuncture Center only accepts Personal Injury Protection (PIP) claims. If you no longer have funds in your PIP, run out of funds, or do not have PIP coverage, you will be billed for your treatments. We do not accept claims that are awaiting settlement.

I hereby authorize the release of my medical records to the above insurance company for the express purpose of payment of my medical bills incurred in this office.

I hereby authorize the insurance company or attorney to remit payment directly to this office.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_