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Dr. Ness Family Practice

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Two forms are required for your claim. The first is this AUTO ACCIDENT INSURANCE INFORMATION form, please take the time to look up this basic information. We do not have any information about your auto insurance. The *Florida Office of Insurance Regulation* requires the second State form (OIR-B1-1571). Please download and complete both forms and submit during your appointment.

1. AUTO ACCIDENT INSURANCE INFORMATION FORM

DATE:		
<i>YOUR INFORMATION</i>		
PATIENT NAME:		
AREA CODE + PHONE #		
AUTO ACCIDENT DATE:		
INITIAL VISIT	OR	FOLLOW-UP VISIT?
ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
<i>INSURANCE COMPANY INFO</i>		
YOUR AUTO INSURANCE COMPANY:		
AUTO INSURANCE COMPANY PHONE #:		
MEDICAL CLAIMS ADDRESS:		
NAME OF INSURANCE ADJUSTER:		
POLICY NUMBER:		
CLAIM NUMBER (CALL & OBTAIN):		
<i>BY SIGNING BELOW, I AUTHORIZE JOHN L NESS, MD PA TO SEND MY MEDICAL RECORDS REGARDING AUTO ACCIDENT TO INSURANCE COMPANY, AS REQUESTED.</i>		
SIGNATURE	DATE	
<i>*NOTE IN FLORIDA, YOUR AUTO INSURANCE WILL COVER THE COST OF YOUR INJURIES, REGARDLESS OF FAULT.</i>		

2. [OFFICE OF INSURANCE REGULATION](#) Bureau of Property & Casualty Forms and Rates

- a. [Standard Disclosure and Acknowledgement Form](#) (OIR-B1-1571) Personal Injury Protection -Initial Treatment of Service Provided