EASTSIDE
FAMILY MEDICINE
CLINIC

Motor Vehicle Information: (Please check the box that applies to you.)

___ Driver of a car – If you were the driver and have Personal Injury Protection (PIP) on your policy, **YOUR** auto insurance will cover your medical expenses. You must contact your insurance and open a claim however.

___ Passenger in a car

___ Pedestrian/bike/other – Please provide Personal Injury Protection (PIP) insurance information below.

If there is NO PIP coverage, we will bill your medical insurance. If you do not have medical insurance, you will be responsible for paying your bill at the time of service.

Responsible Auto Insurance Name: _____

Name of Insured: _____

Date of Accident: _____ Claim # _____

Adjustor's Name: _____ Phone: _____

Billing Address: _____

YOU WILL BE RESPONSIBLE FOR ALL CHARGES IF:

A. You were the driver and you do not have PIP or medical insurance.
B. Your PIP dollar amount has exceeded the limit and you don't have medical insurance.
C. You were not the driver and the driver does not have PIP and you don't have medical insurance.

I have read and understand the information above.

_____

Patient/Responsible Party DOB: Date:

_____

Please Print Patient Name: DOB: Date: