

Wieging Chiropractic, LLC

AUTOMOBILE INJURY FORM

NAME _____ DATE _____

Date of Accident _____ Time: ___am ___pm Location of Accident _____

AUTO INJURY

Were You: () Driver () Passenger () Pedestrian

Were you struck from: () Behind () Right Side () Left Side

Did your car strike the others involved: () Yes () No

Did the other car strike yours: () Yes () No

As a result of the Accident, were you cited? () Yes () No

IN YOUR OWN WORDS DESCRIBE WHAT HAPPENED

INSURANCE INFORMATION

****It is our policy to bill the medical payments (med-pay) portion of your automobile insurance policy for services rendered. Once your med-pay has reached the maximum amount payable, we will then submit remaining charges to the 3rd party carrier, and await settlement of your claim****

Your Automobile Insurance Company _____ Phone# _____

Claim # _____ Adjuster _____

Other Party's Name _____

Other Party's Ins. Co. _____ Phone # _____ Claim # _____

Have you been contacted by an insurance adjuster regarding this claim () Yes () No

If yes, name of adjuster _____ Company _____

Do you have an attorney that has advised you in this case: () Yes () No

If yes, attorney's name _____ Phone # _____

Signature _____

AUTOMOBILE INJURY FORM pg 2

NAME _____ ACCT.# _____

CHECK SYMPTOMS YOU HAVE NOTICED SINCE THE ACCIDENT

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Lights Bother Eyes | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Head Too Heavy | <input type="checkbox"/> Loss of Memory | <input type="checkbox"/> Feet Cold |
| <input type="checkbox"/> Neck Stiff | <input type="checkbox"/> Pins & Needles in Arms | <input type="checkbox"/> Ears Ringing | <input type="checkbox"/> Hands Cold |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Pins & Needles in Legs | <input type="checkbox"/> Face Flushed | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Numbness in Fingers | <input type="checkbox"/> Buzzing in Ears | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Numbness in Toes | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Cold Sweats |
| <input type="checkbox"/> Tension | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Fainting | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Loss of Smell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Depression | <input type="checkbox"/> Loss of Taste | |

Additional Symptoms/Complaints:

Did you strike anything at the time of impact? () Yes () No

If yes, specify what part of your body struck what: ie....head,chest,chin,knee right/left...

Steering wheel _____	Dashboard _____
Windshield _____	Roof _____
Door _____	Window _____
Seat/headrest _____	Other _____

Did you brace for impact? () Yes () No ____I used my hands____I used my feet

Where you wearing your seatbelt? () Yes () No

Did you require post-accident hospitalization? () Yes If yes, how long ____days () No

Have you lost any days of work? () Yes () No If Yes (dates) _____

Have you seen any other physicians as a result of this accident? ____Yes____No

Doctor's name: _____ Phone: _____

Address: _____

At any time did you lose consciousness () Yes () No

Immediately following the accident, how did you feel? ____Dizzy/Dazed ____Disoriented____Upset
____Nervous____Nauseous ____Weak ____Other _____

Signature _____

WIEGING FAMILY CHIROPRACTIC
AUTO ACCIDENT INJURY

VERY IMPORTANT INFORMATION
PLEASE READ

We are sorry that you have been involved in an automobile accident. We will do our best to keep the process associated with your care as simple as possible. The following is a list of items, which will help move your case along more smoothly:

It is our policy to bill our patient's MEDPAY for auto accidents regardless of which party was at-fault. This reduces your hassle and ours in dealing with the at-fault party's insurance and places that burden on your insurance company or your lawyer (if applicable).

Most **auto** policies have MEDPAY components to them. You will need to open a claim with **your** insurance company for them to cover your medical expenses if you have not already done so. They will then pay for your care and seek reimbursement from the at-fault party's insurance to cover what they have paid out. This policy is not part of your health insurance, as health insurance will not cover this type of claim (unless all other benefits have been exhausted).

If the accident was not your fault, it is illegal for your insurance to raise your premiums because you open a claim.

We will be happy to answer any questions you may have.

-Create a file to keep track of all information related to your accident. This should include accident reports, car insurance information and claim #'s, your claim adjuster's name, phone # and address, letters from your car insurance or the insurance of the "at-fault" party and any other misc. correspondence related to your accident.

-Keep all of your appointments. This is very important for two reasons....

- 1) We want you to recover from your injuries as quickly as possible.
- 2) If you discontinue your treatment of care or are inconsistent in making appointments, insurance may deny your medical claims, which leaves you responsible for the bill.

If an adjuster calls you and asks how you are feeling, simply state:

"I am currently under a doctor's care and his office would be more than happy to update you on my condition."

Never say "I feel fine" unless you truly do feel completely fine & are ready to close out your case. If you say you feel "fine" prematurely, the insurance may attempt to deny payment for your medical claims. Always be honest, but the best way to avoid a messy situation is to simply refer them to our office if they have questions about your condition.

-Keep our office informed of any changes or updates you receive in regards to your case.

-Always feel free to ask questions. We will be happy to help you out in any way possible.

Sincerely,
Wieging Family Chiropractic Staff