

Information Required for Insurance Claim

Is this a: medical PIP settlement claim?

client's full name: _____

insurance carrier: _____

claim adjuster & phone #: _____

claim adjuster phone #: _____

claim number: _____

date of injury: _____

lawyer's name: _____

lawyer's phone #: _____

PIP limit & amount remaining: _____

* * * * *

referring MD/DO: _____

referring MD/DO phone #: _____

referring MD/DO provider #: _____

diagnosis (ICD-9) codes: _____

other practitioner/phone #: _____

other practitioner/phone #: _____

other practitioner/phone #: _____