

If you have had a motor vehicle accident, we need the following information ASAP.
Until this is received, you are financially responsible for your bill. PLEASE PRINT.

- 1) Patient Name: _____
- 2) Date of Injury: _____
- 3) In which state did injury occur: _____
- 4) Name of Auto Insurance Carrier: _____
- 5) Address of where to send claims:

- 6) Claim Number: _____
- 7) Do you have a coordination of benefits policy, where your health insurance is
primary to your auto insurance? _____
- 8) Name of person in charge of claims: _____
- 9) Phone number of person in charge of claims: _____
- 10) What area of your body is the injury? _____

Please note that if this information is not provided, this bill IS your responsibility.

Please forward this information to:

Amy @ Dr. Roth's office
1627 Lake Lansing Road
Suite 200
Lansing, MI 48912-3788
Telephone: (517)485-1789 x8012
FAX: (517)485-2357