



3677 College Road Ste. 13
Fairbanks, Alaska 99709

ORTHOPEDIC PHYSICAL THERAPY

Phone: (907) 479-3800
Fax: (907) 479-9195

Auto Insurance Accident Form

Patient Name: _____ Date: _____

Responsible Party Insurance:

Responsible Party's Name: _____ D.O.B.: _____

Auto Insurance to Bill: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Claim Number: _____ Date of Injury: _____

Name of Adjuster: _____ Phone Number: (____) _____

In the event that this auto insurance does not pay, you will be responsible for the total amount billed.

Signature: _____ Date: _____