



visit our website:
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Aston

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Aston, PA 19014

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F 866-225-3490

Becks Woods

121 Becks Woods Dr.
Suite 100
Bear, DE 19701

T 866.862.2955
F 302.836.4302

Wilmington

1021 Gilpin Ave.
Suite 203
Wilmington, DE 19806

T 866.862.2955
F 866.294.1853

WORKERS COMP/ MOTOR VEHICLE INSURANCE INFORMATION

In the event of a worker's comp or car accident, as a courtesy, we will submit the bill to your Insurance company. Please provide information below:

Worker's Comp/ Motor Vehicle Insurance:

Company Name:

Address:

CLAIM NUMBER #

DATE OF ACCIDENT

Adjuster Name:

Adjuster Phone Number:

Do you have a lawyer?

In addition, we will need to forward medical records to the insurance carrier. By signing this form, you are allowing us to release records to any worker's comp/ motor vehicle insurance carrier or attorney involved in your case in order to obtain payment for your claims. Please be aware that you are ultimately responsible for your charges. Any claims not paid by insurance within 30 days will be forwarded to you for payment.

BY SIGNING BELOW, I AM STATING THAT THE INFORMATION PROVIDED BY ME IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND ALL THE INFORMATION PROVIDED ON THIS FORM.

PATIENT NAME:

DOB:

PATIENT/GUARDIAN SIGNATURE:

DATE: