



Select-Care Chiropractic, PC

Nutrition • Chiropractic • Wellness

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No-Fault, PI, and Worker's Compensation Patients

Please provide us with the following information as soon as possible so that we may accept your case:

1. Date of the Injury/Accident
2. Insurance Carrier (No-fault, Personal Injury, or Compensation)
Name
Address
Phone Number
3. Copy of the Accident Report
4. Any dates you missed work as a result of the accident

For No-Fault the following is needed as well:

1. Your Policy Number and the name of the policy holder
2. Notify your car insurance agent regarding your intent to receive care in this office
3. A NF8 form must be filled out and returned to your insurance company (this is a long yellow form which they will mail you)

Thank You for your help!!