

Personal Injury Patient Referral Information

Our dedicated medical-legal department is here to help with all of the necessary expertise and documentation that your office requires. Please complete this form with all the information that you have readily available, and we'll take care of the rest!

ATTORNEY

Law Firm:	Attorney Assigned to Case:	Paralegal or Case Manager:
Attorney Address:		City, State, Zip Code:
Direct Phone Number with Extension:	Fax Number:	Attorney E-mail Address:

CLIENT INFORMATION

Your Client / Our Patient Name (First, Middle, Last):		Date Of Birth:	Date Of Injury:
Street Address:		City, State, Zip Code:	
Gender:	Social Security Number:	Driver's License or Other ID Number:	State:
Main Phone Number:	Other Phone Number:	E-mail Address:	
Secondary Contact Name and Relationship:		Secondary Contact Phone Number:	

AUTO INSURANCE

Name of Automobile Insurance Company:		Name of Insured:
Policy Number:	Policy Limits:	Med-Pay or PIP Limits (If Known):
Accident Claim Number:	Contact Name or Adjuster:	Adjuster or Other Contact Information:

HEALTH INSURANCE

Name or Health Insurance Company:		Name of Insured:
Insurance Company Address:		City, State, Zip Code:
Group, Plan, or Patient ID Number:		Insurance Company Phone Number:

Please email this form along with your **Letter of Protection**, a records release authorization, and any supporting documentation or medical records. If you are unable to email these documents, please send it to us via fax and ensure that there is a fax confirmation. If you would prefer to have us send you our letter of protection, we will send a signed copy. Please return a signed copy to us within three business days if possible.

Email: insurance@AdvancedBackandNeck.com Fax: (860) 446-0784