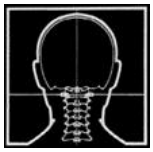

**Atlas Family Chiropractic**
*Dr. Maggie A Sellers, DC*

1255 Boyson Loop Hiawatha, IA 52233 Telephone: (319) 393-7744 Fax: (319) 393-1035

## PATIENT INFORMATION

Name (First, Middle Initial, Last)_____

## ACCIDENT INFORMATION

Was this injury caused by □Auto Accident □Work Related Date of Accident_____
Describe how the accident happened and any immediate medical attention received after this accident

_____

_____

_____

## RESPONSIBLE PARTY

*If you indicated an automobile Accident, please complete the following:*
Name & Address of at Fault Individual:

_____

_____ Phone #_____
Name of Automobile Insurance Company_____
Insurance Agent Name_____ Phone #_____
Claim#_____

## YOUR AUTOMOBILE INSURANCE

Name of Automobile Insurance Company_____
Insurance Agent Name_____ Phone #_____
Claim#_____
Has a claim been filed with your auto carrier for this accident? □No □Yes Date Filed:_____

## WORKER'S COMPENSATION INFORMATION

*If you indicated a Work Related Accident, please complete the following:*
Name & Address of Employer _____

_____
Contact Person_____ Phone #_____
Has a claim been filed with your employer for this accident? □No □Yes Date Filed:_____

## ASSIGNMENT OF BENEFITS

I hereby give permission for any and all insurance companies to pay Atlas Family Chiropractic directly for services provided as a result of this accident.

Patient/Legal Guardian Signature Date

## MEDICAL INFORMATION RELEASE

I authorize the release of any medical information necessary to process claims for Atlas Family Chiropractic.

Patient/Legal Guardian Signature Date