

EDGEWOOD NATURAL HEALTH, LLC

3217 Meridian East, Edgewood, WA 98371 Phone: (253) 927-5905

MOTOR VEHICLE INJURY INFORMATION

Please fill out this form as completely and accurately as possible with any applicable information. This information will be necessary to manage your care and bill for services related to your injuries.

Date of Accident: _____

Nature of Injury: _____

Your Personal Injury Protection (PIP) Insurance:

Company Name: _____

Claim #: _____

Claims Adjuster: _____

Phone Number: _____

Claims Address: _____

At-Fault Party's Insurance

Party's Name: _____

Company Name: _____

Claim #: _____

Claims Adjuster: _____

Phone Number: _____

Claims Address: _____

Attorney Information:

Attorney Name: _____

Phone Number: _____

Fax Number: _____

Mailing Address: _____