

# PI Packet Cover Sheet

Date of Injury: \_\_\_\_\_

\*\*\*IF THE ACCIDENT HAS NOT BEEN REPORTED, REPORT IT TO YOUR INSURANCE & 3<sup>RD</sup> PARTY INSURANCE IMMEDIATELY !\*\*\*

## Your Information:

- Name: \_\_\_\_\_
  - Car insurance company: \_\_\_\_\_
  - Car insurance policy #: \_\_\_\_\_
  - Car insurance claim number: \_\_\_\_\_
  - Adjuster's name: \_\_\_\_\_ Ph # \_\_\_\_\_
  - Attorney's name: \_\_\_\_\_ Ph # \_\_\_\_\_  
*(Referral can be provided upon request)*
- Copy of car insurance card (front + back) (to check for Med Pay)
- Copy of health insurance cards (front + back)
- Complete Insurance Verification form

## 3rd Party / Person Who Hit You Information:

- Driver's Name: \_\_\_\_\_
  - Car insurance company: \_\_\_\_\_
  - Car insurance policy #: \_\_\_\_\_
  - Car insurance claim number: \_\_\_\_\_
  - Adjuster's name: \_\_\_\_\_ Ph # \_\_\_\_\_
  - Insured's name (if different from driver):  
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