Pillars Physical Therapy
and Wellness Center

2nd Floor, Suite D, 307 87th St.,
87th Street Plaza Daly City, CA 94015
Tel: (650) 550-0050 • Fax: (650) 550-0070
www.pillarspt.com

CAR ACCIDENT INFORMATION

Date: _____

PATIENT(S) INFORMATION

Name: _____ DOB: _____

Home Phone: _____ Mobile: _____

ACCIDENT INFORMATION

Date of Accident: _____

INSURANCE INFORMATION

Insurance Company: _____

Billing Address: _____

Name of Policy Holder: _____

Claim Number: _____

Adjuster: _____

Phone Number: _____ Fax Number: _____

TERMS OF PAYMENT

☐ Auto Medical Payment Covered Amount: $ _____

☐ Health Insurance (get information from registration form)

☐ Self Pay $_____ per visit

NOTES:

PRINT CLEAR