

SHILOH CHIROPRACTIC MOTOR VEHICLE ACCIDENT QUESTIONNAIRE

WELCOME & INSTRUCTIONS PAGE

Please read this portion to orient you on filling this paperwork out.

Filling this out will help us speed up things for you in the office. Accident cases can be VERY complex and we find out that both treatment AND filing is much improved when thorough note-taking is done. This form should only take about 15 minutes to fill out. These 15 minutes will save you time and money in the long run. Typically when a person is involved in an accident, little or no out-of-pocket is required by the patient even when the patient is the “at fault” party. But, to help achieve that goal, we need to send notifications to the right personnel.

PAGE 1: This is information about the accident. When we summarize accident details, it helps us communicate the need for care. Filling this out accurately will help us to make sure you don't have to worry about insurance companies questioning or denying claims.

PAGE 2: Do not fill this page out. This is for the doctor. It is included for your benefit so you can see the types of questions that we are going to ask you.

PAGE 3: This is required to be filled out by the second visit so that we know who to send bills to. Fill this out as completely and accurately as possible. If something doesn't apply, write “N/A”. If you are unsure, leave it blank and we'll go over it.

This form does not replace the Patient Intake Form and Pain Drawing (which still need to be filled out for each patient being seen). No one likes paperwork but our office is thorough so that you get the care you need and the insurance companies will not hassle you in the process! Believe it or not, our office is very effective at getting the treatment the patient needs without too much hassle from the payers; it is this system that helps us accomplish that.

YOU MAY THROW THIS PAGE AWAY OR USE THE BACK OF IT FOR YOUR NOTES! You don't have to bring it in.

SHILOH CHIROPRACTIC MOTOR VEHICLE ACCIDENT QUESTIONNAIRE

ACCIDENT DETAILS

Please fill this form out as completely as you can! It'll save time for you in the long run! This is a worksheet that you can fill out that will help Dr. Rice compile your narrative for insurance purposes as well as helps him to understand what is going on so you can get better faster!

Name: _____ Today: ____/____/20____

Date of Accident: ____/____/20____ Time of Accident: ____:____^{AM}/_{PM}

How many cars were involved? _____ Were you the "At fault" party? _____

Were you: Driver Passenger City/State of Accident: _____

I was driving (direction): _____ -bound on (road): _____

Were there any passengers in your car? _____ Who? _____

Were you all wearing your seatbelts? _____

Was there any airbag deployment? _____

Was anyone from any vehicle taken to the hospital? _____ If Yes, Explain: _____

Was anyone given a ticket? _____ Who? _____ For What? _____

Was there a Police Report? _____ County or City? _____

Please bring in copy or tell us how to get one. If there is a cost associated with getting this, we will pay for this up to \$50.

Draw in your accident here (label cars, streets and directions!)
If you are unsure how to do this – LEAVE IT BLANK!

VEHICLE DESCRIPTION
(example) Unit 2: `99 4-dor Grand Am
(example) Unit 3: Late 90's large SUV
You are Unit 1. The other person is Unit 2. If there were other vehicles, label them Unit 3 and so on.

Unit 1:

Unit 2:

Unit 3:

Unit 4:

SUBJECTIVE COMPLAINT DETAILS

Leave this part blank! Dr. Rice is going to fill this out. But you can read through this part so you know the kinds of questions you'll be asked.

What problems did the patient have before the accident? _____

What did the patient feel after the accident? _____

- Check: Headache Vomiting Nausea Dizziness Ringing ears Neck Ache
- Δ Vision Δ Hearing Δ Smell Δ Taste Δ Digestion Δ Breathing
- Δ Heart T/S Pain L/S Pain S/S Pain Arm Pain Leg Pain

Other: _____

Doctor's Notes

INSURANCE DETAILS

This will help us organize things so YOU DON'T HAVE TO WORRY about filing and other things that can be confusing and difficult for patients! This has to be filled out by the second visit so that we can bill the appropriate party rather than you. When an accident occurs and when insurance companies and (possibly) attorneys are involved, things can become complex. This helps us sort through the mess to make sure the appropriate notifications are sent out to minimize risk of billing errors. Also, bring in a copy of your regular health insurance card(s). In rare cases, we may bill regular health insurance as opposed to auto insurance, but that's rare.

YOUR AUTO INSURANCE (Or the person with whom you were riding)

Insurance Company _____

Address _____

City/State/Zip _____

Phone & Fax _____

Claim # _____

Policy # _____

Contact Name _____

.....

OTHER PARTY'S INSURANCE COMPANY

Insurance Company _____

Address _____

City/State/Zip _____

Phone & Fax _____

Claim # _____

Policy # _____

Contact Name _____

.....

YOUR ATTORNEY (If you have retained an attorney, fill this out. If you don't have one and we think you need one, we will provide you with contact information for three attorneys who deal in Personal Injury. Not all accident cases require an attorney especially if you fill this out because insurance companies will work with us easier!)

Name & Firm _____

Address _____

City/State/Zip _____

Phone & Fax _____

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