

DR. STUART W. ANKEN
DR. MARK C. ANKEN
CHIROPRACTIC OFFICE
7864 TURIN RD
ROME, NEW YORK 13440
TELEPHONE 315-337-9240
TELEFAX 315-336-0744

Date: _____

Attention Automobile Insurance Company Representative:

The following patient, _____, is being seen and treated in our office for a NYS No-Fault injury that took place on _____.

Please provide us with the following information:

Insurance Company Name: _____

Insurance Contact Person: _____

Address to mail claims to: _____

Phone Number: _____ Fax: _____

Patient's Policy Number: _____

Patient's Claim Number: _____

If there are any concerns you may contact Rebecca, Office Manager at (315) 337-9240.

Form can be faxed to (315) 336-0744.

Please respond within 5 business days.

Thank you for your prompt attention in this matter.