

HOPKINS CLINIC FOR PHYSICAL MEDICINE
PROVIDING CHIROPRACTIC, MEDICAL, ACUPUNCTURE AND REHABILITATION SERVICES
6231 - 66TH STREET NORTH, PINELLAS PARK, FL 33781
TEL. (727) 544 - 3330 FAX (727) 544 - 3221

Hopkins Clinic Insurance Questionnaire

In order for us to help you with the insurance process, please answer the following questions.

1. Do you have health insurance? Yes No
- a. Would you like your records forwarded to your primary care physician's office?
- Yes No

Doctor's Name _____ Phone _____

2. At the time of the accident were you the driver of the vehicle? Yes No
- a. Do you own a vehicle? Yes No
- b. Have you reported this accident to your insurance company? Yes No
- c. What is your insurance company's claim number? _____
3. Were you a passenger in the accident? Yes No
- a. Do you own or have a vehicle registered in your name? Yes No
- b. Do you live with a resident relative who owns a vehicle? Yes No

If you were a passenger and live with a relative who owns a vehicle, under the Florida Personal Injury Protection Law a claim should be filed under the household automobile insurance policy. If this is your situation please let us know so that we may have you complete the proper paperwork.

4. Do you have a copy of the police report? Yes No
5. Do you have a picture identification card? Yes No

Please be advised in order for us to properly process insurance we must have a picture identification card, police report, and insurance cards to copy for our records. If you did not bring this information today please be advised we will need it by your third visit or we will be unable to continue your treatment. Thank you for your cooperation in this matter. If you have any questions or concerns, please do not hesitate to ask.

Signature _____ Date _____

