

DRAC Physical Therapy
200 Providence Highway
Dedham, MA. 02026

Motor Vehicle Accident Billing Information

Motor Vehicle Insurance Carrier: _____

Address: _____ City _____ State _____

Telephone #: _____

Policy/Claim #: _____

License Plate #: _____

Contact Person: _____

Date of Accident: _____

Have you filed a Personal Injury Protection claim? Yes _____ No _____

Have you met your P.I.P.? Yes _____ No _____

Lawyers Name & Address:

I am informed and understand that DRAC PT will not bill attorneys for services rendered. I am responsible for all bills incurred if my PIP is met and private insurance denied. DRAC PT will provide any necessary documentation at my request along with a \$50.00 records fee.