

A CHIROPRACTIC TRADITION
DR. EDWIN ROBERTS CHIROPRACTIC, PES

APPLICATION FOR FLORIDA "NO FAULT" BENEFIT

Date	Our policyholder	Date of accident	File No.
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To enable us to determine if you are entitled to benefits under the Florida automobile reparations reform act, please complete this form and return it promptly.

To: _____
Claim Department

Your Name	Phone No. Home:
	Business:

Your Address (no. Street, City or Town State and Zip Code)	DOB	Social Security #
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Permanent Address, if different.	How long have you lived in Florida?
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Date & Time of Accident	Place of Accident (Street, City or Town & State)
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Brief Description of Accident & Vehicles involved.

Describe automobiles owned by you or any member of your family:

Automobile	Owner	Insurer	Policy Number
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As a result of this accident, were you injured? YES _____ NO _____

If you answered yes, complete the rest of this form. If no, sign here and return this form to us.

Signature: _____ Date: _____

Describe your injury.

Were you treated by a doctor? _____ Date of 1st treatment: _____

Doctor's name & address: _____

If you were treated in a hospital, were you an in-patient _____

Or out-patient _____

Hospital's Name & Address: _____

Amount of medical bills to date \$ _____

Will you have more medical expense? _____

Have you received or are you eligible for payments under Medicaid? _____

Did you lose time from work as a result of your injury? _____

If yes, amount lost to date \$ _____

What is your average monthly wage or salary? \$ _____

If you lost wages: Date disability from work began _____

Date you returned to work _____

At the time of your accident were you working for your employer? _____

Have you received or are you eligible for payments under any workmen's compensation or unemployment law? _____

If yes, amount \$ _____

Per Week

Per Month

Who pays you these benefits? _____

List names and addresses of your present employer(s) and give your occupation and dates of employment for each:

Employer & address	Your occupation	from	to
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Employer & address	Your occupation	from	to
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Employer & address	Your occupation	from	to
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As a result of your injury have you had any other expenses? Yes _____ No _____

If yes, explain on reverse side.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

I HEREBY AUTHORIZE RELEASE OF MEDICAL INFORMATION INCLUDING, BUT NOT LIMITED TO, MEDICAL BILLS AND REPORTS TO SUCH PARTIES AS THE COMPANY MAY DEEM NECESSARY TO PERFECT ITS RIGHTS OF RECOVERY UNDER THE NO-FAULT ACT.

Signature: _____ Date: _____

- Important:
1. To be eligible for benefits complete and sign this application.
 2. Sign attached authorization(s).
 3. Return promptly with any medical bills you have received to date.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE.

AUTHORIZATION FOR MEDICAL INFORMATION

THIS AUTHORIZATION OF PHOTOCOPY HEREOF, WILL AUTHORIZE YOU TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY CONDITION WHILE UNDER YOUR OBSERVATION OR TREATMENT, INCLUDING THE HISTORY OBTAINED, X-RAY AND PHYSICAL FINDINGS, DIAGNOSIS AND PROGNOSIS. YOU ARE AUTHORIZED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE FLORIDA "NO FAULT" AUTO INSURANCE LAW (CHAPTER 71-252F.S.)

Signature

Date

AUTHORIZATION FOR WAGE AND SALARY INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY HEREOF, WILL AUTHORIZE YOU TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY WAGES OR SALARY WHILE EMPLOYED BY YOU. YOU ARE AUTHORIZED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE FLORIDA "NO FALUT" AUTO INSURANCE LAW (CHAPTER 71-252F.S)

Signature

Date

Social Security No.: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE.