Insurance/ Lawyer Verification **INSURANCE INFORMATION:** Claim Number: ___ ______ Insurance Company: _____ Phone Number: ____ Adjuster's Name: ___ Fax Number: _____ Is there an open claim? \square Yes \square No 3rd Party Claim: ☐ Yes ☐ No ☐ Yes ☐ No If yes, how much? _____ Is there Med Pay? ______ Billing Fax: ___ Billing Address: ___ D.O.A: _____ Other Notes: **ATTORNEY INFORMATION:** Attorney's Name: _____ Contact Person: _____ Fax Number: ____ Phone Number: ___ Address: _____ Letter of Protection: ☐ Yes ☐ No Signed Release Form: ☐ Yes ☐ No **CASE NOTES:**