



# Integrative Pediatrics

Safe passage in a changing world.

## **MVA BILLING INFORMATION**

Oregon's "No Fault" State law requires us to bill your auto insurance when you are seeking health care related to a Motor Vehicle Accident. To do so, we will need the following information. If you do not have the information requested below, please call us within 24 hours with this information. If the information is not called to us, you will be billed directly.

Date: \_\_\_\_\_

- Patient Name: \_\_\_\_\_
- Accident Claim Number: \_\_\_\_\_  
(must be a claim number – policy number not valid)
- Auto Insurance Company: \_\_\_\_\_
- Claim Billing Address: \_\_\_\_\_  
Street/PO Box                      City                      State/Zip Code
- Claim Adjuster's Name: \_\_\_\_\_
- Claim Adjuster's Contact Number: \_\_\_\_\_
- Telephone Number for Claims: \_\_\_\_\_
- Date of Accident: \_\_\_\_\_

I hereby authorize Integrative Pediatrics, LLC (IPLLC) to furnish the above insurance carrier with any information concerning this auto accident. I also assign benefits from this insurance carrier to IPLLC.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date