



AUTO ACCIDENT NEW PATIENT **INSTRUCTIONS**

Please read carefully. If you're seeking treatment for injuries from an auto accident, **the following MUST be completed:**

1. Obtain "personal medical payment authorization" from your auto insurance provider. You should be aware of the current amount of **remaining** medical payments available on your policy.

How much MEDPAY is remaining: \$_____

1a. **CONFIRM** that payments are sent to: _____ (circle one)
Provider or Patient

2. **Active OPEN Insurance Claim #**_____

3. **Insurance Adjusters Name:** _____

Mailing Address:_____

Telephone: _____

4. Complete the AUTO ACCIDENT DETAILS New Patient FORM.

5. Submit this **FORM** and the **AUTO ACCIDENT DETAILS New Patient FORM** to RST by Fax 530-247-4275 or email to info@reddingsportstherapy.com or drop off at 2335 Athens Ave. Redding, CA 96073 or by calling 530-247-4228.

6. You will be contacted for scheduling AFTER coverage is confirmed.