



Saleeby Chiropractic Centre, P.A.

Stephen M. Saleeby, D.C.
Wayne J. Prickett, D.C.

Patient Name: _____

Date: _____

Dear Patient,

We are sorry to hear about your recent work related injury. As a courtesy to our patients with personal injury claims we will file to the appropriate insurance companies. In order for us to file your claims, we will need for you to provide us with your approved worker's compensation claim information.

Please provide the following information on your next visit: (if applicable)

- Name of emergency facility where you were treated: _____
- X rays/ Medical reports pertaining to your injury: _____
- Copy of your driver's license.
- Information regarding the workers compensation insurance (see attached sheet).
- Copy of your health insurance card(s) for our records.
- Primary Care Physician Referral/ of Other Referral: _____

We would like to take care of your claim as quickly and easily as possible. Thank you for your cooperation.

Financial Services Department