

MVA Questionnaire

Name: _____

Date of Accident: _____

Car Insurance Company: _____

Claim Number: _____

Adjuster Name and Phone Number: _____

Attorney Name and Number: _____

Were you wearing a seatbelt? Yes or No

Did airbags deploy? Yes or No

Were you the driver of the vehicle? Yes or No

Did you seek treatment at an emergency room? If so,
where? _____

Did you have any immediate pain, if so
where? _____

Are you being followed by a
chiropractor? _____

What pain, if any, are you experiencing
now? _____

Are you currently employed? If so, please describe some of your job duties and if any pain is interfering with your job responsibilities. _____

Are your injuries or pain interfering with normal activities of daily life, ie cooking, dressing, showering, etc? _____

Are you currently taking any medications to treat your pain or injuries? If so, what? Using heat or ice? _____

Motor Vehicle Accident/Personal Injury Statement of Noncoverage

**Advantage Primary Care
20212 E. Pennsylvania Avenue, Suite B
Dunnellon, FL 34432
352-484-0422**

Advantage Primary Care will attempt to bill the automobile insurance you have provided during your visit. We will also attempt to bill your medical insurance company if applicable. This is not a guarantee of payment to our office. Please note, if your automobile or medical insurance does not cover your visit, you are responsible for the services provided by Advantage Primary Care. By signing below, you acknowledge that you are responsible for the cost of services rendered on date of service _____ if payment for services is declined by your insurance company.

Print name: _____

Date: _____

Signature: _____