

Dowswell Chiropractic & Wellness Centre
Dr. Lynn Dowswell, D.C.
241 West Street, Unit 3
Orillia, Ontario L3V 5C9
Telephone: 705.325.0832 Fax: 705.325.8401

MVA Insurance Claim Intake Form; Insurance Information

Client Name: _____ D.O.B.: _____ Age: _____
(Day/Month/Year)

Current Address: _____

City: _____ Postal Code: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Auto Insurance Company: _____ Policy Number: _____

Policy Holder? Self Spouse Other

Policy Holder Name: _____ Policy Holder D.O.B.: _____
(Day/Month/Year)

Insurance Company Address: _____

City: _____ Postal Code: _____ Email Address: _____

Secondary Insurance Company: _____ Policy Number: _____

Policy Holder? Self Spouse Other

Policy Holder Name: _____ Policy Holder D.O.B.: _____
(Day/Month/Year)

Insurance Company Address: _____

City: _____ Postal Code: _____ Email Address: _____

Claim Information

Do you have Extended Health Care Benefits? Y N If yes, amount allowed annually: _____

Amount of Remaining Extended Health Care Benefits for the current year: _____

Claim Number: _____ Accident Date: _____ Adjudicator Name: _____
(Day/Month/Year)

Adjudicator Phone Number: _____ Adjudicator Fax Number: _____

