

Bukaty Family Chiropractic
Dr. Christina P. Bukaty
4269 St. Francis Drive, Hamburg, New York 14075
Telephone: 716-627-3668 Fax: 716-627-2332

Automobile Accident Questionnaire

Please answer all questions completely and accurately. Please write legibly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth _____ Marital Status: _____ Gender: M or F

SS# _____

Occupation: _____

Who referred you to our office? _____

INSURANCE INFORMATION

Insurance Company: _____

Insurance Company Address: _____

Insurance Company City: _____ State: _____ Zip: _____

Insurance Company Telephone: _____ Claim No: _____

Insurance Company Contact Person: _____

Driver of vehicle in which you were injured (if applicable) Name _____

Have you retained an attorney? YES NO

If yes, name, address & phone: _____

ACCIDENT INFORMATION

Please explain in detail how your accident happened. Be specific – include: how accident occurred, what happened to you in the vehicle, damage to vehicle, if you were wearing a seat belt, how many passengers were in the vehicle, etc.

Date and time of accident: _____

You were heading? *North * East * South * West on: _____

Other vehicle was heading? *North * South * East * West on _____

Were you struck from? *Behind * Front * Right Side * Left side

AGREEMENT TO PAY MEDICAL COSTS IN THE EVENT OF FAILURE TO PROSECUTE, IF CLAIM IS NOT ALLOWED, OR IF CLAIMANT RECEIVES DIRECT PAYMENT FOR INSURANCE COMPANY.

Date of injury: _____ SSN # _____

Insured Person: _____

Address: _____ Phone: _____

Employer: _____

Address: _____ Phone: _____

Insurance Carrier/Company Name: _____

Address: _____ Phone: _____

IN THE EVENT I FAIL TO PROSECUTE THE CLAIMS FOR NO-FAULT FOR THIS ILLNESS OR CONDITION OR IT IS DETERMINED. THIS CONDITION IS NO A DIRECT RESULT OF A COMPENSABLE CASE, I _____,
HEREBY AGREE TO PAY BUKATY FAMILY CHIROPRACTIC, C/O: DR. CHRISTINA BUKATY, D.C. of 4269 ST. FRANCIS DRIVE, HAMBURG, NEW YORK 14075, HER USUAL AND CUSTOMARY FEES FOR SERVICES RENDERED TO THE ABOVE NAMED CLAIMANT IN THE ABOVE IDENTIFIED CASE.

Date: _____ Signature: _____

If Signed by other than Claimant, print below: Name, Address, and Relationship of Signer

Name and Address

Relationship

Date

Witness

Date
