



FERRARO

Spine and Rehabilitation, PC

Chiropractic • Physical Therapy • Acupuncture • Nutrition • Wellness

NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT

Date: _____

Insurance No. _____

Patient's Name: _____
Claim No.: _____
D/A: _____

To Whom It May Concern:

Please be advised that _____ was involved in a motor vehicle accident on _____ and has begun treatment at our facility. Enclosed, please find the documents available to us at this time.

Please accept this as our 21 day notice. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Peter M. Ferraro, DC

Kyle Robertson, DC

Anthony J. Manzella, PT, DPT, FADS

Kim Bauernfeind, PT, DPT

Misty Kammarada, L.Ac.

Michelina Mann, L.Ac.

For PIP Cases

- Police Report
- Driver License (front/back)
- Car Insurance information (front/back)
- Claim Information
- Assignment of Benefits
- PIP Application
- Car Insurance Declaration Sheet
- 21 day notice- to be completed by office staff and faxed or mailed to insurance co.

For PIP Cases

- Police Report
 - Driver License (front/back)
 - Car Insurance information (front/back)
 - Claim Information
 - Assignment of Benefits
 - PIP Application
 - Car Insurance Declaration Sheet
 - 21 day notice- to be completed by office staff and faxed or mailed to insurance co.
-