Address  Certificate Number Group Number  Is this an injury due to Automobile Accident or a work related accident?  Do you have a lawyer regarding your accident? Name  Address Phone #  Please mark areas of pain or injury on the illustrations below and give a word description of the symptoms you are experiencing in those areas:	Will you be paying for the visits yourse	If, or would you like this billed through your Health Insurance?	
Certificate Number Group Number Is this an injury due to Automobile Accident or a work related accident? Do you have a lawyer regarding your accident? Name Phone # Phone # Phone # Please mark areas of pain or injury on the illustrations below and give a word description of the symptoms you are experiencing in those areas:	Insurance company name		
Do you have a lawyer regarding your accident? Name  Address  Phone #  Please mark areas of pain or injury on the illustrations below and give a word description of the symptoms you are experiencing in those areas:	Address		
Address Phone #  Please mark areas of pain or injury on the illustrations below and give a word description of the symptoms you are experiencing in those areas:	Certificate Number	Group Number	
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	and give experiencing	a word description of the symptoms you are g in those areas:	
			164

Date

Signature