

# Sheppard Chiropractic Office



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Name \_\_\_\_\_

Date (DD-MM-YYYY) \_\_\_\_-\_\_\_\_-\_\_\_\_

## Patient Insurance Information

Please Complete:

Insurance Company	Policy Number	Claim Number
Full Name of Claims Adjuster	Phone Number of Claims Adjuster	Email Address of Claims Adjuster

## 3 Simple Steps Reviewed

### ***Step 1***

Call your auto insurance company within 10 days of the accident and register your claim, whether you are at fault or not. Receive your claim number and the name, phone number (with extension) and email address of your agent.

### ***Step 2***

Contact our office immediately even if you are still waiting to hear back from your insurance company, you can start to seek help immediately.

### ***Step 3***

Download, print and fill out:

1. Patient Insurance Information (this page)
2. Notice of Loss and Proof of Claims AB-1 Form (Parts 1, 3 & 6 only)
3. Notice of Loss and Proof of Claims AB-2 Form (Parts 1 & 7 only)
4. Patient Symptoms Checklist

Bring these 4 forms with you to your first appointment with Dr. Jodi.

\*Any and all questions you have about your motor vehicle accident will be answered at your first appointment. Dr Jodi has done many of these claims and will advise you on any concerns you may have.