



NO FAULT INFORMATION REQUEST

The physicians at CNY Family Care do NOT participate with any auto carriers. As a courtesy to our patients, we will bill your insurance company. YOU will be responsible to follow up with your insurance company and you will also receive bills just to let you know what is going on with your auto carrier with regard to your office visits.

Please fill out this form and return it to us with all the information requested, and we will be happy to provide your insurance company with the proper billing form.

Patient Name: _____

Policy Holder's Name: _____

Insurance Company Name: _____

Insurance Co. Street Address: _____

Insurance City: _____ State: _____ Zip Code: _____

Date of Accident: _____

Claim Number (if known): _____

Insurance Phone Number: () _____

Contact person's name: _____