TREASURE COAST Urgent Care

STUART | 1050 SE Monterey Rd. Suite 101 • Stuart, FL 34994 • **772-419-0560**
PORT ST. LUCIE | 1801 SE Hillmoor Dr. Suite A109 • Port St. Lucie, FL 34952 • **772-800-7350**
TRADITON | 9401 SW Discovery Way Suite 103 • Port St. Lucie, FL 34987 • **772-345-4180**
FORT PIERCE | 2500 Quincy Ave. • Fort Pierce, FL 34947 • **772-345-4171**

www.**tcurgentcare.com** | Secure Fax: **772-403-2379**

AUTOMOBILE ACCIDENT

PIP MEDICAL PORTION BENEFITS RELEASE/REQUEST

COMPLETE AND FAX TO: (772) 403-2379

_____ _____
Insurance Company Policy/Claim#

_____ _____
Phone Fax

_____ _____ _____
Patient Name DOB Social Security No.

INFORMATION TO BE INCLUDED: (if available)

Claim#: _____ Adjuster's Name: _____

Date of Accident: _____ Phone: _____ Fax: _____

DOES THE PATIENT HAVE PIP MEDICAL BENEFITS? YES ☐ NO ☐

If yes, does the patient have a deductible? YES ☐ NO ☐ If yes, what amount $_____

_____
Billing Address

_____ _____ _____
City State Zip

THESE RECORDS ARE TO BE RELEASE FOR THE PURPOSE OF CONTINUITY OF CARE UNLESS OTHERWISE NOTED

(specify): **Release of Auto PIP Medical Portion Benefits**

Pursuant to Florida Law, the records may be used only for the purpose provided and to whom requested. Any information may not be re-disclosed to any other person without the specific written consent of the undersigned. Changes are in compliance with Florida Law. I understand that I may revoke this consent at any time before the information has been released.

_____ _____
Patient/Guardian Signature Date

_____
If signing in place of patient, please state relationship

_____ _____
Witness – Authorize Staff Signature Date