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MVA INSURANCE INFORMATION:

Automobile:

Insurance Company: _____

Policy No: _____

Claim No: _____

Name of Policy Holder: _____

Adjuster: _____

➡ Phone: _____ Fax: _____

Adjuster Email: _____

Date of Accident: _____

Extended Private Insurance:

Company: _____

Plan Member Name: _____

Plan Number: _____

Identification Number: _____

****IF THERE IS EXTENDED PRIVATE INSURANCE****

**WE REQUIRE A PRIVATE INSURANCE CLAIM FORM THAT IS BLANK
AND SIGNED BY PLAN MEMBER**

AS WELL AS

AN ASSIGNMENT OF BENEFITS FORM

We are also required to check government issued identification for all motor vehicle
accident clients we are direct billing for.

Office Use Only

Identification Type: _____

Checked by: _____ Date: _____