



**WELCOME TO  
BATEMAN-GATROST CHIROPRACTIC, P.C.**

**Motor Vehicle Collision Checklist**

Your first appointment regarding your automobile accident is:  
(check the doctor and fill in the date and time of your appointment)

DOCTOR	DATE	TIME	DOCTOR	DATE	TIME
Dr. Wayne Bateman			Dr. Albert Gatrost		
Dr. Carlos Bateman					

Please have the following information with you on your FIRST visit in order for us to process the billing for you:

\_\_\_\_\_ **General Information:**

Date & time of accident: \_\_\_\_\_

State accident occurred in: \_\_\_\_\_

Copy of Police Report: \_\_\_\_\_

\_\_\_\_\_ **Third Party Insurance Information: (other person's insurance)**

Insurance Company: \_\_\_\_\_

Adjustor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

\_\_\_\_\_ **Your Automobile Insurance Information: (Med Pay, Uninsured Motorist or PIP if Kansas)**

Insurance Company: \_\_\_\_\_

Adjustor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

\_\_\_\_\_ **Attorney Information:**

Legal Firm Name: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If you have any questions regarding the information requested, please feel free to contact our office.  
19501 E. 40 Hwy, Independence, Missouri 64055  
Phone: 816 / 795-5000 Fax: 816 / 795-5001