

SUBCHAPTER 25. PRIVATE PASSENGER AUTOMOBILE INSURANCE:
NOTIFICATION BY TREATING HEALTH CARE PROVIDERS

APPENDIX A

Notification of Commencement of Medical Treatment
(to be filed with insurer)

Name, address and phone number of Treating Health Care Provider:

Fax Number (optional) _____

Name and address of patient:

Name and address of insured: (if different)

Insurer Name: _____

Insurer Address: _____

Policy No.: _____

Date of accident/injury: _____

Date of first treatment: _____