

**AUTO INJURY CLAIM FORM**  
**TUALITY PHYSICIANS, PC**  
**900 SE Oak St Suite 202**  
**Hillsboro, Or 97123**  
**PHONE (503) 640-3724 - FAX (503) 648-8982**

INSURED NAME:

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PATIENTS NAME:

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INSURANCE COMPANY OF VEHICLE YOU WERE IN:

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POLICY NUMBER OF VEHICLE YOU WERE IN:

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CLAIM NUMBER:

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DATE OF LOSS:

---

LOCATION OF LOSS:

---

AGENT NAME:

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AGENT PHONE:

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