

Matlock Road Chiropractic Center
Dr. Frank R. Greenberg

3132 Matlock Road, Suite 305
Arlington, TX 76015
(817)277-8811 fax (817)277-9492

STATEMENT OF NON-ACCIDENT

Date: _____

Dear Insurance Carrier:

By my signature below, I _____ state that the nature of my illness for which treatments were received by Dr. Frank R. Greenberg at Matlock Road Chiropractic Center is NOT caused by an accident of any kind. Not a work related injury, and not covered by any third party insurance or any other parties.

Please accept this statement provided on my behalf.

Sincerely,

Patient Name: _____

Address: _____

Insurance Carrier: _____

Insurance ID: _____

Date Treatment Began: _____