

401 Cooper Landing Rd
C-17 Playa Del Sol
Cherry Hill, NJ 08002
Telephone: (856) 667-0505
Fax: (856) 667-8083

Calzaretto Chiropractic Center

Anthony F. Calzaretto D.C.
Brian D. Ryan D.C.

Date: _____

Ins. Co. Address:

Patient Name: _____ **File#:** _____
(Please Print)

Patient Signature: _____

D.O.A.: _____ **Claim#:** _____

Policy #: _____

Attention: _____

This notice has been certified to the above Insurance carrier within the **21 day rule**, from the start of treatment, to confirm that _____ had initiated care at our facility on _____ due to injuries which occurred in a auto related accident. If there our any questions or concerns relating to this matter please feel free to contact me personally at the above phone number.

Sincerely,

Erica Wells
Office Manager

21 day rule.doc