



**Palmdale (Main)**

1115 West Ave. M-14  
Palmdale, CA 93551  
(661)265-0060

**Cathedral City**

68-845 Perez Rd., Ste. H6-H7  
Cathedral City, Ca 92234  
(760)328-0292

**California City**

9300 N. Loop Blvd.  
California City, CA 93505  
(760)373-7338

**Rosamond**

1431 Rosamond Blvd.,  
Ste. 11  
Rosamond, Ca 93560  
(661) 256-2700

**Indio**

81-880 Dr. Carreon Blvd.  
Ste. A104  
Indio, CA 92201-5583  
(760)863-0060

**Important notice about accident related treatment**

In order to process your claim, bill properly, and avoid being personally responsible for the costs of treatment; it is important that we know if the treatment you will be undergoing is due to an injury sustained in an accident (i.e. motor vehicle accident, work related injury, slip and fall, dog bite, ect.) whether it was your fault or not.

Please provide us with the following information.

**1st or 3rd part liability information**

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

Address: \_\_\_\_\_

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

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

Adjusters Name: \_\_\_\_\_

**If you are being represented by an attorney please fill out the following:**

Name of Attorney or Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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