

Excel Care

Expertise. Experience. Results.



DISCHARGE CHECKLIST

It is important that once you've been in a Motor Vehicle Accident that you or your decision maker makes sure to capture the following important contact information.

Insurance Company Details:

Name of Insurance Company: _____

Name of Adjuster: _____

Claim Number: _____

Policy Number: _____

Address, Email, Telephone, Fax, details of your adjuster

Rehabilitation Team:

Nurse Case Manager Name:

Case Management Company:

Address, Email, Telephone, Fax, details of your nurse case manager

Occupational Therapist: _____

Physiotherapist: _____

Speech Therapist: _____

Other: _____

Lawyer Details:

Name of Personal Injury Law firm: _____

Name of Personal Injury Lawyer: _____

Address, Email, Telephone, Fax, details of your Lawyer
