

LETTER OF NO ACCIDENT OR WORK IN JURY  
Steven B. Hansen, D.C.

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Patient's Name

Dear Insurance Company,

This letter is to inform you that I was not involved in any auto or work related injury for this diagnostic test and/or treatment.

Please note the following:

\_\_\_\_\_ I state that I was not involved in any auto accident or personal injury  
(Initial) caused by any other party. I further state that my diagnostic test or  
treatment is not the result of an injury while on the job or by any other person  
related to my employment.

Please process my claim with no delay!!

Sincerely,

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Patient's Signature

Date