

**Barrett Chiropractic Clinic
R. F. Barrett, D.C.
2853 Dulles Avenue
Missouri City, TX 77459**

LETTER OF NO ACCIDENT OR INJURY

To (name of insurance company): _____
I hereby state with my signature, that I was not involved in any auto accident, slip and fall, or work related injury. My treatment is in no way associated with any 3rd party, and no other party is responsible or liable for the cost of my treatment.

Please process and pay all claims immediately.

Sincerely,

Patient Signature _____ Date _____

Print Name _____