



Silverado Chiropractic  
9775 S. Maryland Parkway, Suite A  
Las Vegas, NV 89183  
Phone: 702.837.0392  
Fax: 702.320.4148

**Affidavit of No Accident or Injury**

**I hereby state with my signature below that I was not involved in any motor vehicle accident, slip and fall, or work-related injury. My treatment is in no way associated with any 3<sup>rd</sup> party, and no other party is responsible or liable for the cost of my treatment. Therefore, please process and pay all claims immediately**

**Thank you for your attention to this matter.**

**Sincerely,**

\_\_\_\_\_  
**Patient/Member Name**

\_\_\_\_\_  
**Patient/Member Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Insurance ID#**

\_\_\_\_\_  
**Date of Birth**