

# Rhode 2 Wellness Family Chiropractic

*"Let us be your vehicle on your Road to Wellness"*

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## VIA CERTIFIED MAIL

August 18, 2021  
SAFECO  
P.O. Box 515097  
Los Angeles, CA 90051

## Notice of Initiation of Treatment

Patient Name: \_\_\_\_\_  
Insured Name: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_  
Claim Number: \_\_\_\_\_

To Whom It May Concern:

Please be advised we have been consulted by and have begun rendering medical treatment to the above referenced patient, with the first date of treatment occurring on \_\_\_\_\_. Enclosed are the above referenced patient's original signed standard disclosure and acknowledgment form and a copy of the assignment of benefits.

Please send a copy of the payment record (PIP Payout Log) and a copy of the declarations page as authorized in the attached AOB.

Thank You,

Insurance Department

Enclosures: SD&A, AOB