

SUBCHAPTER 25. PRIVATE PASSENGER AUTOMOBILE INSURANCE:
NOTIFICATION BY TREATING HEALTH CARE PROVIDERS

APPENDIX B

Address for Notification of Commencement of Medical Treatment

Insurance Co. Name: _____

NAIC Group #: _____ NAIC Company #: _____

Address established by insurer for the filing of the notification of the
commencement of PIP treatment by Treating Health Care Providers

Address: _____

Facsimile Number: _____

E-mail: _____

Contact Person: _____

Phone: _____

To be filed with:

Department of Banking and Insurance

Division of Public Affairs

PO Box 325

Trenton, NJ 08625-0325

Attn: Notification of Treatment List