

Motor vehicle accident



In order for us to submit your claim, you must report your accident to the responsible insurer and provide us the following:

Patient's name

Patient's social security number

Date of accident

Motor vehicle insurance company

Motor vehicle insurance company's address

Motor vehicle insurance company's phone number

Policy number

Policy holder's name

Policy holder's address

Policy holder's daytime phone number

Claim number

Type of injury / body part

When was the last time you were treated for this injury?

Have you had an independent medical exam? Yes No

Greater Rochester Orthopaedics, PC

General and Specialty Orthopaedic Surgery

Linden Oaks Medical Campus
30 Hagen Drive, Suite 220
Rochester, NY 14625-2658

2621 Culver Road
Rochester, NY 14609-1746

(585) 295-5476

For out of area dial 1 (800) 724-7712

Orthopaedic Surgeons

Peter N. Capicotto, MD
Spine Surgery / Scoliosis

Gregory S. Finkbeiner, MD
Foot & Ankle Reconstruction / General

Paul K. Peartree, MD
Sports Injury / Arthroscopy / General

Frank Puppato, MD
Joint Replacement Surgery

Todd Stein, MD
Hand & Upper Extremity

Physician Assistants

Margaret M. Casper, RPA-C

Thomas A. Frosini, RPA-C

Ray C. Montanaro, RPA-C

Kathleen D. Sherman, RPA-C

Leslie R. Sonders, RPA-C

Secondary insurance Please provide a copy of your secondary insurance carrier, i.e. Blue Cross Blue Shield / Blue Choice, Preferred Care, etc., subscriber identification card. Charges not covered by the responsible motor vehicle insurer will be billed to your secondary carrier.

This form must be completed and returned prior to your office visit.

Signature

Date