

Orthopedic Surgery of Quincy, Inc.

909 Hancock Street Street, Quincy, MA. 02170

Telephone 617-773-7457 - Fax 617-773-0299

AUTOMOBILE BILLING INFORMATION

PATIENT: _____

ADDRESS: _____

HOME TELEPHONE: _____ WORK TELEPHONE _____

DATE OF ACCIDENT: _____

NAME & ADDRESS OF AUTOMOBILE INSURANCE COMPANY:

Automobile File Number: _____

(The file number that is assigned to you regarding the accident for which you are being seen)

Is \$2000.00 PIP (personal injury protection) exhausted? YES () NO ()

PRIVATED HEALTH INSURANCE INFORMATION:

Name of Insurance: _____

Certificate Number: _____

Subscriber Name: _____

Please obtain a referral from your health insurance company, if one is required. We will bill your primary insurance company when your automobile insurance coverage has been exhausted. Please provide us with a copy of the PIP exhaust letter from your automobile carrier when the limit has been reached.

I authorize payment of all bills for services rendered to me to be paid directly to Orthopedic Surgery of Quincy, Inc. I also authorize release of my medical records to my auto accident insurance company and my private health insurance company. I will be responsible for all bills that are denied by my auto insurance company and my health insurance company.

Signature

Date