



THIS FORM MUST BE SIGNED & DATED

Many insurance companies write requesting account detail after we send in the claim. They ask us to indicate if the charges are the result of an accident or an injury. Please answer the following questions and explain how the accident or injury occurred. If this visit is not related to an accident or injury, please give a brief description of the reason for your visit and how long the symptoms have been present. Please sign the form after completion. We need these details to process your insurance claim.

Mark E. Farmer, M.D.
Board Certified
Fellowship Trained
Orthopedic Surgeon
Specializing in Arthroscopic
Surgery of the Shoulder and Knee

John N. Mehalik, M.D.
Board Certified
Fellowship Trained
Orthopedic Surgeon
Specializing in Arthroscopic &
Reconstructive Surgery of the
Shoulder and Knee

Sandra B. Collins, M.D.
Board Certified
Orthopedic Surgeon
Fellowship Trained Upper Extremity,
Hand & Microvascular Surgeon

Larry S. Eisenfeld, M.D.
Board Certified
Orthopedic Surgeon
Fellow of the American Academy
of Orthopedic Surgeons

Mary A. Tugaoen, M.D.
Board Certified in Physical Medicine
and Rehabilitation
Fellowship Trained in Interventional Spine
and Musculoskeletal Medicine

Andrew M. Belis, D.P.M.
Board Certified
Podiatric Foot and Ankle Surgeon
Fellow of the American College
of Foot and Ankle Surgeons
Diplomat of the American Board
of Podiatric Surgery
Specializing in Ankle Arthroscopy

Date of accident/injury: _____ Time: _____ AM/PM

Place of accident/injury: _____

1. Owner of property where accident/injury occurred (name) _____

2. Describe how the accident/injury occurred: _____

3. If not an accident/injury, describe the reason for your visit and how long the symptoms have been present. _____

Print Patient Name: _____

Patient Signature: _____

Date: _____

