

Southeastern CT Medical Associates, PC

447 Montauk Avenue, New London, CT
123 Elm Street, Suite 500/600, Old Saybrook, CT

860-447-1426
860-388-0322

INJURY INFORMATION

Patient Name: _____

Date of Birth: _____

- ◇ Work Related
- ◇ Motor Vehicle Accident
- ◇ Other _____

Date of Injury: _____

Nature of Injury: _____

Claim Number: _____

Responsible Party to be Billed: _____

Claim Adjuster: _____

Contact Number: _____

I understand that it is my responsibility to provide the information listed above in order to insure proper billing. If unable to provide this information I agree to pay for the charges incurred.

Patient Signature

Date