

ROCKY MOUNTAIN ORTHOPAEDIC ASSOCIATES, P.C.

PLEASE USE BLACK OR BLUE PEN ONLY

ACCIDENTAL INJURY REPORT FORM

In order to process your injury claim correctly, the insurance companies will require this additional information to determine liability for the claim. Your claim will be placed on hold status until they are satisfied that all necessary information to make a determination has been received. If we do not receive payment on a timely basis from the insurance company, you will be expected to make payment in full on your account. Therefore it is important for you and us that this information is filled out completely and accurately. If you do not have this information available at the time of your visit, please complete this form and return it to us as soon as possible. Thank you.

NAME: _____ Date of Birth: _____ SSN: _____

Is this injury: Work related? Auto related? Personal injury in your home? Personal injury somewhere else?

Date of Injury: _____ / _____ / _____ Approximate Time of injury: _____ : _____ AM PM

Where exactly did the injury occur: _____

What happened: _____

Name of insurance company we will be billing: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Claim Number (if known): _____ Adjuster (if known): _____

Insured: Self Spouse Other: _____ Insured ID#: _____ Policy #: _____

Insured's Birth Date: _____ / _____ / _____ Phone: _____

Is prior authorization required for your treatment? No Yes - authorization phone number: _____

Do you have an attorney involved? No Yes - complete the information below

Attorney's Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Complete this section only if this injury is work related:

Have you notified your employer of the injury: No Yes - Contact name and phone: _____

Have you missed any days of work due to the injury: No Yes

Are you currently able to perform your job: No Yes

If you answered no to the previous question, please describe your job duties: _____

SIGNATURE OF PATIENT OR LEGAL GUARDIAN:

I hereby certify that the information I have provided is true and complete to the best of my knowledge:

Signature: _____ Date: _____