

VERMONT ORTHOPAEDIC CLINIC

3 Albert Cree Drive, Rutland, VT 05701

Phone: 802-776-2205 Fax: 802-773-0934

MOTOR VEHICLE INSURANCE

Vermont Orthopaedic Clinic will submit a claim on your behalf to your Motor Vehicle Insurance only if all the required information below is completed. Please note that in the event your Motor Vehicle insurance declines the payment or has not responded to us within 45 days, you will be responsible for all related charges. In such case, you may request us to bill your health insurance.

PATIENT NAME: _____ DOB: _____ SSN: _____

POLICY HOLDER'S NAME: _____

MOTOR VEHICLE INSURANCE NAME AND ADDRESS: _____

POLICY #: _____

INSURANCE CONTACT NAME: _____

INSURANCE PHONE: _____

DATE OF ACCIDENT: _____ TYPE OF INJURY: _____

CLAIM #: _____

By signing this form you are authorizing Vermont Orthopaedic Clinic to release medical information that may be necessary to process claim reimbursement from insurance companies to whom claims may be submitted.

Signature _____ Date _____