

# Motor vehicle accident



**In order for us to submit your claim, you must report your accident to the responsible insurer and provide us the following:**

Patient's name

Patient's social security number

Date of accident

Motor vehicle insurance company

Motor vehicle insurance company's address

Motor vehicle insurance company's phone number

Policy number

Policy holder's name

Policy holder's address

Policy holder's daytime phone number

Claim number

Type of injury / body part

When was the last time you were treated for this injury?

Have you had an independent medical exam?      Yes      No

**Greater Rochester Orthopaedics, PC**

*General and Specialty Orthopaedic Surgery*

Linden Oaks Medical Campus  
30 Hagen Drive, Suite 220  
Rochester, NY 14625-2658

2621 Culver Road  
Rochester, NY 14609-1746

**(585) 295-5476**

For out of area  
dial 1 (800) 724-7712

Orthopaedic Surgeons

**Peter N. Capicotto, MD**  
*Spine Surgery / Scoliosis*

**Gregory S. Finkbeiner, MD**  
*Foot & Ankle Reconstruction / General*

**Paul K. Peartree, MD**  
*Sports Injury / Arthroscopy / General*

**Frank Puppato, MD**  
*Joint Replacement Surgery*

**Todd Stein, MD**  
*Hand & Upper Extremity*

Physician Assistants

**Margaret M. Casper, RPA-C**

**Thomas A. Frosini, RPA-C**

**Ray C. Montanaro, RPA-C**

**Kathleen D. Sherman, RPA-C**

**Leslie R. Sonders, RPA-C**

**Secondary insurance** Please provide a copy of your secondary insurance carrier, i.e. Blue Cross Blue Shield / Blue Choice, Preferred Care, etc., subscriber identification card. Charges not covered by the responsible motor vehicle insurer will be billed to your secondary carrier.

**This form must be completed and returned prior to your office visit.**

Signature

Date