Motor vehicle accident



In order for us to submit your claim, you muresponsible insurer and provide us the follow	• •	Greater Rochester Orthopaedics, PC
· · · · · · · · · · · · · · · · · · ·		General and Specialty Orthopaedic Surgery
Patient's name Patient's social security number		Linden Oaks Medical Campus 30 Hagen Drive, Suite 220 Rochester, NY 14625-2658
Date of accident		Culver Medical Park 2621 Culver Road Rochester, NY 14609-1746
Motor vehicle insurance company		Lyell-Gates Office
Motor vehicle insurance company's address		2211 Lyell Avenue, Suite 107 Rochester, NY 14606
		(585) 295-5350
Motor vehicle insurance company's phone number		Out of area: 1-800-724-7717 www.gro-md.com
Policy number		Orthopaedic Surgeons
Policy holder's name Policy holder's address		Gregory S. Finkbeiner, MI Joint Replacement Surgery / Foot & Ankle
		Joshua R. Olsen, MD Sports Injury / Arthroscopy /
Policy holder's daytime phone number		General Benjamin Plucknette, DO
Claim number		Hand & Upper Extremity
Type of injury / body part		Frank Pupparo, MD Joint Replacement Surgery
	**************************************	Everett S. Weiss, MD Joint Replacement Surgery
When was the last time you were treated for this		Michael C. Yip MD Shoulder & Elbow
Have you had an independent medical exam?	Yes No	
		Physician Assistants
Secondary insurance Please provide a copy of	•	Nicholas Briggs, PA-C
i.e. Blue Cross Blue Shield / Blue Choice, Preferred		Timothy Bucklaew, PA-C
Charges not covered by the responsible motor ve	hicle insurer will be billed to your	Jessica Calzolari, PA-C
secondary carrier.		Thomas Frosini, PA-C
This form must be completed and returned	prior to your office visit.	David Paniccia, PA-C
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Signature	Date	