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ACCIDENT REPORT - GENERIC INSURANCE

TODAY'S DATE _____ INS. PLAN # _____

PATIENT NAME _____
Last name First Name MI

CHART # _____ ACCOUNT # _____

CONTRACT # _____

DO YOU HAVE OTHER INSURANCE? Yes No

IS LAWSUIT TO BE FILED? Yes No

RELATED TO AN AUTO ACCIDENT? Yes No

DATE OF INJURY _____ WAS INJURY WORK-RELATED? Yes No

WHERE DID THE INJURY OCCUR?

HOW DID THE INJURY OCCUR?

LOCATION OF INJURY ON BODY (PLEASE INDICATE LEFT OR RIGHT IF APPLICABLE)

PLEASE PROVIDE ANY DETAILS SURROUNDING YOUR INJURY WHICH MAY EXPEDITE THE PROCESSING OF YOUR INSURANCE CLAIM. THANK YOU.

Patients Signature _____

Date _____

2321 Coronado Street

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