

Pocatello Orthopaedics & Sports Medicine Institute
Orthopaedic Surgery
333 North 18th Avenue, Suite D-1
Pocatello, Idaho 83201

Date of injury: _____

Place of accident: _____

Was the injury or illness sustained while performing work required by your employment?

Are you covered by Worker's Compensation? _____

Describe briefly how the accident occurred and what caused the accident.

If accident was not work related, to what insurance carrier do you want charges submitted? _____

Address of insurance carrier and insurance contact person: _____

Policy holder and policy number: _____

If hospitalized, give name of hospital. _____

Who was your attending physician? _____

Did the injury result from an automobile accident? _____

a. Give names and addresses of drivers involved.

Name: _____

Address: _____

Name: _____

Address: _____

b. Are you covered for medical expenses through any automobile insurance policy

Give name of automobile insurance company and local agent.

Have they been notified of this accident? _____

c. Do any other persons responsible for this accident have liability insurance coverage? _____

Name of insurance company and local agent: _____

Are you claiming damages from them? _____

To the best of your knowledge, who was responsible for the accident? (Please give name and address) _____

Signature: _____ Date: _____

Home Phone: _____ Business Phone: _____