PAUL M. PUZISS, M.D., P.C.

PHYSICIAN AND SURGEON
ORTHOPEDIC SURGERY SHOULDER CLINIC OF PORTLAND
3800 S.W. CEDAR HILLS BOULEVARD, #250
BEAVERTON, OREGON 97005
(503) 646-8995
Fax (503) 644-4678

WORKERS' COMPENSATION / MOTOR VEHICLE ACCIDENT INFORMATION

Patient Name: ____ Date of Birth: ______________________

Date of Injury/Accident: ________/________/________ Injured Body Part: ___________________________________

WORKERS' COMPENSATION CARRIER

Workers' Compensation Carrier: ____
Address: ____ Phone: ___________________
Claim Adjuster's Name: ___________________________ Claim Number: _____________ Phone: ___________________
Claim is currently: [ ] Open [ ]Closed [ ] Pending Other: ____

Employer Name: ____
Employer Address: ____
Employer Telephone: ___________________________________ Contact Person: _________________________________
Accident reported to the Employer? Yes [ ] No [ ]

Any previous Workers' Compensation Injuries? Yes [ ] No [ ]
Date(s) of previous Injuries: ____
Is claim still open? Yes [ ] No [ ] If yes, claim number: ____

MOTOR VEHICLE / AUTO ACCIDENT INFORMATION

Will your auto insurance pay for this injury? Yes [ ] No [ ]

Patient's Auto Insurance: ____
Claim Number: _______________________ Adjuster's Name: ____
Phone: ______________________________
Billing Address: ____
City: __________________________________ State: _____________________________ Zip: _____________________

Was a police report filed? Yes [ ] No [ ]
If yes, report number: __________________________________ State and county filed in: __________________________

PATIENT IS REQUIRED TO HAVE OWN PIP (personal injury policy)
****WE WILL NOT BILL THIRD-PARTY (the other person's insurance)***