

JERSEY REHAB, P.A.

Physical Medicine & Rehabilitation - Electrodiagnostic Medicine

Subspecialty, Pain Management

Edwin M. Gangemi, M.D.

Robert A. Marini, M.D.

Shailendra Hajela, M.D.

Felix A. Almentero, M.D.

Nikhil Gupta, D.O.

Belleville - 15 Newark Avenue, Belleville, NJ 07109

Tel: (973) 844-9220 Fax (973) 844-1217

ACCIDENT INSURANCE INFORMATION

TYPE OF ACCIDENT: MOTOR VEHICLE _____ WORKMEN'S COMPENSATION _____ LIABILITY _____

DATE OF ACCIDENT: _____ DO YOU HAVE AUTO INSURANCE? YES / NO

NAME OF INSURANCE COMPANY: _____

INSURANCE COMPANY ADDRESS: _____

POLICY #: _____ CLAIM #: _____

CLAIM REPRESENTATIVE: _____

WERE YOU THE DRIVER? _____ PASSENGER? _____ PEDESTRIAN? _____ OTHER _____

BRIEF DESCRIPTION OF ACCIDENT _____

HAS THIS ACCIDENT BEEN REPORTED TO YOUR INSURANCE COMPANY? YES / NO

IF NOT, YOU MUST REPORT THE ACCIDENT TO YOUR INSURANCE COMPANY TO PROTECT YOUR BENEFITS, EVEN IF YOU WERE NOT AT FAULT.

IF YOU WERE THE PASSENGER IN A VEHICLE NOT OWNED BY YOURSELF WE WILL NEED THE FOLLOWING INFORMATION:

VEHICLE OWNER: _____ INSURANCE COMPANY: _____

POLICY #: _____ CLAIM #: _____

DOES ANYONE ELSE IN YOUR HOUSEHOLD HAVE AUTO INSURANCE OF THEIR OWN? YES / NO

NAME: _____ RELATIONSHIP: _____

INSURANCE CO: _____ POLICY #: _____

WORKMEN'S COMPENSATION INFORMATION: DATE OF ACCIDENT: _____

AUTHORIZED FOR TREATMENT: _____ UNAUTHORIZED FOR TREATMENT: _____

EMPLOYER'S NAME: _____

WORKMEN'S COMPENSATION CARRIER: _____

WORKMEN'S COMPENSATION CARRIER ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ TEL # () _____

CLAIM REPRESENTATIVE _____ OR CONTACT PERSON _____

ARE YOU REPRESENTED BY AN ATTORNEY FOR THIS INJURY? () YES () NO

ATTORNEY NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # () _____ PARALEGAL OR SECRETARY NAME _____