



**ORTHOPEDIC
PARTNERS**
Formerly Norwich Orthopedic Group
EST. 1957

Daniel Glenney, M.D.

Date: _____

Date of Injury: _____

Patricia Stuart, M.D.

Patient: _____

Place of Injury: _____

Kenneth Paonessa, M.D.

Provider: _____

Work Related? ____ Yes / ____ No

Michael Halperin, M.D.

Account #: _____

Auto Accident: ____ Yes / ____ No

Gabriel Abella, M.D.

Mohammad Pasha, M.D.

Insurance: _____

ID: _____

Tarik Kardestuncer, M.D.

Ammar Anbari, M.D.

Subscriber: _____

Nicole Arcand, M.D.

If your care is the result of an auto accident, please check one of the below:

Scott Stanat, M.D.

_____ I have Med Pay on my Auto Policy (this means the auto insurance pays as your primary insurance)

Richard Thoms, M.D.

Steven Wei, M.D.

_____ I have no Auto Med Pay Insurance (this means personal health insurance pays as your primary insurance. Please supply a statement from your auto carrier that there was no med pay effective at time of the accident)

Jonathan Piposar, M.D.

Emily Vafek, M.D.

Tammie Simao, CMPE,
CEO

Are you pursuing legal action against another party? ____ Yes / ____ No

What did you injure? (example: left arm) _____

Attention Pequot Plus members: if your injury is the result of an auto accident and you were the driver, Pequot Plus requires that you submit a copy of the police report to their office.

Give a complete and accurate account of the injury, including how and where it occurred as required by your insurance:

Signature _____ Witnessed _____