



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

Patricia Stuart, M.D.

Date: _____

Date of Injury: _____

Kenneth Paonessa, M.D.

Patient: _____

Place of Injury: _____

Michael Halperin, M.D.

Gabriel Abella, M.D.

Provider: _____

Work Related? ____ Yes / ____ No

Mohammad Pasha, M.D.

Account #: _____

Auto Accident: ____ Yes / ____ No

Tarik Kardestuncer, M.D.

Insurance: _____

ID: _____

Ammar Anbari, M.D.

Nicole Arcand, M.D.

Subscriber: _____

Scott Stanat, M.D.

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

Richard Thoms, M.D.

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

Steven Wei, M.D.

Jonathan Puposar, 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)

Emily Vafek, M.D.

Nimit Patel, 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 _____