

Colorado West Otolaryngologists, PC
2643 Patterson Rd, Suite 503 ♦ Grand Junction, CO 81506
970-245-2400 ♦ Fax 970-242-9092

Injury Information Sheet

Patient Name _____ Date of Birth _____

Reason Being Seen? _____

Date of Injury _____

How did this injury happen? _____

Where did this injury happen? _____

Work Related Yes No (If no, skip this section.)

Employer's Name _____

Employer's Address and Phone # _____

Claim # _____ Name of Contact _____

Was Employer Notified? Yes No

Auto Related Yes No (If no, skip this section)

Name of Auto Insurance _____

Auto Insurance Address and Phone # _____

Claim # _____ Name of Contact Person _____

Name of Insurance for this Injury _____

Address and Phone # _____

Claim # _____ Name of Contact Person _____

Other Insurance Name _____

Address and Phone # _____

Claim # _____ Name of Contact Person _____

The information listed above is accurate to the best of my knowledge. I hereby authorize Colorado West Otolaryngologists to disclose all medical records pertaining to me and hereby release Colorado West Otolaryngologists from any liability therefore so long as such records are disclosed in confidence to a hospital, health maintenance organization, managed care organization, health insurance benefit plan, health care entity, professional liability carrier, or peer review body, or the delegated agent of any such entity or body, to verify billing or for the purpose of conducting quality of care review, utilization management review, risk management review, peer review, or other similar activity. I hereby authorize messages regarding appointments with this office to be left on my telephone answering machine or with a family member. I understand that I am responsible for any of my charges, regardless of insurance coverage. I authorize payment directly to Colorado West Otolaryngologists, P.C. of any benefits payable to me for services rendered.

Patient's Signature _____ Date _____

*** * * YOUR INSURANCE MUST HAVE THIS INFORMATION TO PROCESS CLAIMS * * ***