

**PREMIER ORTHOPAEDIC & HAND CENTER, S.C.
19801 GOVERNORS HWY, STE 160, FLOSSMOOR IL 60422
Phone 708-957-0505 Fax 708-957-0506**

Neal Labana, M.D. John Kung, M.D.

Liability/Automobile Accident Information Sheet

Appointment Site: IN IL **Appointment Date** _____ **Time** _____

Name _____ **Age** _____ **M / F** **Phone ()** _____

Social Security Number _____

Type of Injury _____ **Date of Injury** _____

Brief Summary of Accident _____

Personal Insurance Company _____

Billing Address _____

Adjustor _____ **Phone ()** _____ **Fax ()** _____

Insured's Name _____ **Claim Number** _____

Other Parties Involved

Insurance Company _____

Billing Address _____

Adjustor _____ **Phone ()** _____ **Fax ()** _____

Claim Number _____

Lawyer's Name _____

Lawyer's Address _____

Lawyer's Phone () _____ **Lawyer's Fax ()** _____