

MILL CITY MEDICAL
595 Pawtucket Blvd, 2nd floor
LOWELL, MA 01854
(978) 955-9500

AUTOMOBILE ACCIDENT BILLING INFORMATION

PATIENT INFORMATION

NAME: _____ DOB: _____

ADDRESS: _____
_____, _____

PHONE: _____

AUTOMOBILE INSURANCE CARRIER INFORMATION

NAME: _____

ADDRESS: _____
_____, _____

PHONE: _____

ADJUSTER'S NAME: _____

ADJUSTER'S PHONE: _____

CLAIM/FILE NUMBER: _____

DATE OF ACCIDENT: _____

LOCATION OF ACCIDENT (town/state): _____

I AUTHORIZE MILL CITY MEDICAL GROUP TO RELEASE ANY MEDICAL INFORMATION NECESSARY TO PROCESS MEDICAL CLAIMS PROVIDED BY THE PHYSICIAN. I ALSO AUTHORIZE PAYMENT OF MEDICAL BENEFITS DIRECTLY TO THE PHYSICIAN FOR SERVICES PROVIDED.

SIGNATURE: _____ DATE: _____

