



Sunrise Pediatrics

7875 S. Rainbow Blvd. Suite 402, Las Vegas, NV 89139
Phone: (702) 361-5437 Fax: (702) 260-8799

3061 S. Maryland Parkway #101, Las Vegas, NV 89109
Phone: (702) 254-5437 Fax: (702) 254-7354

INJURY/ ACCIDENT FORM

DATE: _____

INSURANCE: _____ SUBSCRIBER ID#: _____

If your child is being seen for an accident/injury, please complete the information below so we can forward it to your insurance company with the claim for this service.

PATIENT/CHILD'S
NAME: _____

DOB: _____ PATIENT ACCOUNT #: _____

MOTHER'S NAME: _____ FATHER'S
NAME _____

ADDRESS: _____

1. DATE & TIME OF ACCIDENT: _____
2. WHERE DID ILLNESS OR INJURY OCCUR?

3. HOW DID THE ACCIDENT/INJURY OCCUR? PLEASE PROVIDE AS MUCH DETAILS AS POSSIBLE: _____

4. IS THIS ILLNESS OR INJURY SOMEONE ELSE'S FAULT? YES () NO ()
5. IS THERE ANY OTHER INSURANCE, SUCH AS AUTO INSURANCE, THAT WE SHOULD BILL FOR THIS SERVICE? YES () NO ()

IF YES PLEASE PROVIDE NAME, ADDRESS, TELEPHONE, POLICY# AND NAME OF INSURANCE.

PARENT/GUARDIAN SIGNATURE