Sunrise Pediatrics

7875 S. Rainbow Blvd. Suite #102, 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.

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PARENT/GUARDIAN SIGNATURE