



Mass General Brigham

133 Littleton Road, Suite 202 Westford, MA 01886

Phone: 978-577-1946 Fax: 978-692-4716

Auto Liability/Personal Injury Protection Information

Patient Name: _____	Date of Birth: _____
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Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____

Date of Accident: _____	State: _____	Injured body part(s): _____
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Do you have an attorney? Yes: _____ No: _____

Law Firm/Attorney Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Case # _____ Phone: _____ Fax Number: _____

Auto Liability Insurance Company Name: _____

Insurance Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Policy Holder's Name: _____

Adjuster's Name: _____

Adjuster's Phone Number: _____ Fax: _____ e-mail: _____

Claim # _____

Health Insurance Company:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____

Subscriber Name: _____

Policy and Number: _____

Insurance Effective Date: _____

Has the Personal Injury Payment (PIP) been met? Yes _____ No _____

Assignment release: I hereby authorize my insurance benefits to be paid directly to Mass General Brigham Community Physicians and acknowledge that I am financially responsible for any unpaid balance. I also authorize Mass General Brigham Community Physicians to release the information requested on the forms submitted on my behalf.

Signature: _____ Date: _____