

Bowie Internal Medicine Associates

14999 Health Center Drive, Suite 201

Bowie, Maryland 20716

P:(301)262-8188 F:(301)464-8233

<http://bowiemedicine.com>

David Siegel, M.D.
Kelly Tanenholz, M.D.
James Wang, M.D.

Ritu Sachdev, M.D.
Janet Beebe, C.R.N.P.
Deliana Flores, FNP-BC

Motor Vehicle Accident Registration Form

(Please Print Clearly)

Account #: _____ Date: _____

Patient's Name: _____

Date of Birth: _____ Sex: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Date of Accident: _____ State Accident Occurred in: _____

Patients Auto Insurance Carrier: _____

Auto Insurance Carrier Address: _____

Auto Insurance Carrier Phone Number: _____

Accident Claim Number: _____

Were you the Driver or Passenger of the Vehicle?: _____

Description of Accident: _____

Was there Emergency Treatment: _____ Where At: _____

Patient Signature : _____ Date: _____

OVER →

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(Please Print Clearly)

I, _____, agree to assign my personal injury protection (PIP) benefits from _____ Insurance Company for the injury date of, _____, directly to Bowie Internal Medicine Associates.

Please make all checks payable to Bowie Internal Medicine Associates.

Tax ID# 52-1121325

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____