

# SOMERS ORTHOPAEDIC SURGERY & SPORTS MEDICINE GROUP, P.L.L.C.

664 Stoneleigh Ave, Suite 300  
Carmel, NY 10512  
(845) 278-8400

2 Victory Court  
Newburgh, NY 12550  
(845) 565-1454

657 E. Main St., Ste. 3  
Mt. Kisco, NY 10549  
(914) 666-5550

## PATIENT REGISTRATION FORM PLEASE PRINT CAREFULLY

*Confidential*

### INSURANCE INFORMATION

*We will need a copy of your Insurance Card(s). Please present your Insurance Card(s) to the Receptionist.*

PRIMARY INSURANCE	
PLAN	_____
ID / POLICY #	_____
SUBSCRIBER	_____
	(SELF or PRINT NAME & RELATIONSHIP)
ADDRESS	_____
	_____
	_____

SECONDARY INSURANCE	
PLAN	_____
ID / POLICY #	_____
SUBSCRIBER	_____
	(SELF or PRINT NAME & RELATIONSHIP)
ADDRESS	_____
	_____
	_____

*Complete If Your Injury is Work - Related*

WORKER'S COMPENSATION CARRIER		
ADDRESS	_____	
	_____	
EMPLOYER	_____	
CASE REPRESENTATIVE	_____	
CARRIER CASE #	_____	
WORKERS COMP. BOARD #	_____	
DATE OF INJURY	____/____/____	____/____/____
BODY PART	RT	LT

*Complete if your injury resulted from an automobile accident*

NO FAULT CARRIER	
ADDRESS	_____
	_____
POLICY HOLDER	_____
POLICY #	_____
ATTORNEY	_____
FILE #	_____
TEL #	_____
DATE OF ACCIDENT	____/____/____