

SUBURBAN ORTHOPAEDIC TOTAL JOINT AND SPORTS CLINIC, P.E.
SAMIR N. AZER, M.D., F.A.C.S., F.I.C.S.
ORTHOPAEDIC SURGERY • HAND SURGERY • SPORTS MEDICINE

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FOR INSURANCE BILLING PURPOSES

Your insurance company requires this information, otherwise your claim may be denied and you may be responsible for the bill.

	YES	NO
Is your problem resulting from an injury?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please answer the next three questions:		
Is your injury work related?	<input type="checkbox"/>	<input type="checkbox"/>
Is your injury the result of someone else's fault?	<input type="checkbox"/>	<input type="checkbox"/>
Is your injury the result of a motor vehicle accident?	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your injury in detail:

Signature

Date

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY
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