



**PAUL M. PUZISS, M.D., P.C.**

PHYSICIAN AND SURGEON  
ORTHOPEDIC SURGERY SHOULDER CLINIC OF PORTLAND  
3800 S.W. CEDAR HILLS BOULEVARD, #250  
BEAVERTON, OREGON 97005  
(503) 646-8995  
Fix (503) 644-4678

Diplomate American  
Board of Orthopedic  
Surgery

**WORKER COMPENSATION /MOTOR VEICHLE INFORMATION**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Injury/Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Injured Body Part: \_\_\_\_\_

**WORKER COMPENSATION CARRIER**

Worker Compensation Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Adjusters Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim is currently:  Open  Closed  Pending Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Accident reported to employer? Yes  No

Any Previous Worker Compensation Injuries? Yes  No

Date (s) of previous injuries: \_\_\_\_\_

Is claim still open: Yes  No  If yes, claim number: \_\_\_\_\_

**MOTOR VEHICLE /AUTO ACCIDENT INFORMATION**

Will your auto insurance pay for this injury? Yes  No

Patients Auto Insurance: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Adjusters Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Was a Police report filed? Yes  No

If yes, report number: \_\_\_\_\_ State and County filed in: \_\_\_\_\_

**\*PATIENT IS REQUIRED TO HAVE OWN PIP (personal injury policy)**

**\*WE WILL NOT BILL 3<sup>RD</sup> PARTY (the other persons insurance)**