

*Office of Steven Ugras, M.D.*  
*Hand Surgery*

**WORKER'S COMP & MOTOR VEHICLE ACCIDENT- PATIENT INFO.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

---

How and where did accident occur? \_\_\_\_\_  
\_\_\_\_\_

Date of Injury or Accident: \_\_\_\_\_

Description of Problem(s): \_\_\_\_\_  
\_\_\_\_\_

Previous Treatment: \_\_\_\_\_  
\_\_\_\_\_

Family Physician Name & Address: \_\_\_\_\_

Who referred you to us?: \_\_\_\_\_ Address: \_\_\_\_\_

---

Insurance Co. Covering Injuries: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Claim #: \_\_\_\_\_ Adjustor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Lawyer Name & Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Relationship to Pt: \_\_\_\_\_ Birthdate: \_\_\_\_\_

---

**I hereby authorize payment** from the insurance company to be sent directly to the office of Steven Ugras, M.D for any service rendered to me by the group. I also authorize the release of medical information to my insurance company in order for the office of Steven Ugras, M.D to complete necessary forms. I am personally responsible for payment of bills, if my claim is denied (for any reason). I am responsible for any co-insurance amounts, non-covered charges, and any balance remaining after insurance payment to your office.

**I am aware** that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees will be given to me concerning the results of any treatment or operation. Dr. Steve Ugras will attempt to improve me over my present status but cannot guarantee to return me back to normal status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hand & Wrist Surgery of NJ, LLC  
Paramus Hand Surgery, PA  
140 Route 17 North, Suite 323, Paramus, NJ 07652  
Phone: (201) 483-9555  
Fax: (201) 331-7003