

Pulmonary and Sleep Medicine Center of Winder

20 Satellite Dr. Ste 200, Winder, GA 30680

Phone (770) 586-0300, Fax (770) 586-0311

Date: _____

Third Party Liability Information

Injury Type:

MVA..... State where accident took place: _____ work related: yes no

Workman Comp.... Employer at time of Injury: _____

Other Liability..... Insured Name: _____

Date of Injury: _____

Claim Number: _____

Liability Carrier Name: _____

Claim Mailing Address: _____

Name of Adjuster: _____ Contact # _____

Please note any additional information about this injury that would be relevant to this claim:
