



RANCH VIEW
FAMILY MEDICINE P.C.

JULIANNE GARRISON, MD
SHANE KNEPSHIELD, MD
HEATHER CRIBBS, MD
MARCO GOMEZ, MD
JEREMY JOHN, MD
CELINA AYALA, PA-C
JAMIE BALL, PA-C

MOTOR VEHICLE ACCIDENT INFORMATION AND POLICY

Please note that it is very important for Ranch View to have all the listed information to bill properly. This form is to help ensure we can bill and order your medical services related to your motor vehicle accident. We depend on the patient to fill this form out completely and accurately. The care you will be given is rendered in good faith by your physician at this office. Your physician, in return, expects to be reimbursed for these services within 90 days. If Ranch View has not received payment within 90 days of the date of service, the patient will be responsible to pay 100% of the charges.

Date: _____

Patient Name: _____

Date of Birth: _____

Person at fault: _____

Insurance Responsible: _____

Insurance Claims Address: _____

Claim Number: _____

Adjuster's Name: _____

Phone Number: _____

Were you a passenger or driver in the accident? _____

Do you have Medpay on your policy? _____ Yes _____ No

If no Medpay is on your policy we will bill your health insurance directly

If the information above is not complete, you will be required to pay for services rendered or have your medical insurance billed at the time of service.

8080 Park Meadows Dr.
Suite 100
Lone Tree, CO 80124
303-346-8828
Fax: 303-346-0407

Patient/Guardian Signature _____

Date: _____

