

**Global Care Medical Group, P.C.**  
600 Clark Road, Tewksbury, MA 01876  
Phone 978-453-8261 Fax 978-453-7911

**AUTO INSURANCE PIP CLAIM**

PATIENT NAME: \_\_\_\_\_ CLAIM # \_\_\_\_\_

If the services rendered are the result of a MVA, please send the pertinent information to this office, such as MVA insurance, Date of injury, health insurance, and PIP letter.

Date of accident: \_\_\_\_\_

Patient's Social Security #: \_\_\_\_\_

MVA Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Adjuster: \_\_\_\_\_ Adjuster Phone #: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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

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