

**RICHARD HUGHES, MD ENT PC
383 BAY ROAD
QUEENSBURY, NEW YORK 12804
(518) 793-4163**

Richard Hughes, M.D., A.B.O., F.A.C.S.

Russ Otto, RPA-C

PLEASE PRESENT A NO-FAULT CLAIM FORM TO OUR RECEPTIONIST

NO-FAULT QUESTIONNAIRE

CLAIM # _____

Name: _____

DOB: _____

Address: _____

SS#: _____

Your Insurance Agent: _____

Driver's name: _____

Driver' address: _____

Address where accident occurred: _____

Was alcohol a factor in this accident: _____
(Optional)

If yes, please specify: _____

Driver's NO FAULT Insurance Company: _____

Driver's NO FAULT Company Address: _____

Driver's NO FAULT Company Phone #: _____

Did patient present to the E.R.? _____

Was the patient hospitalized? _____

Were x-rays taken: _____

Should NO FAULT deny this claim, I accept financial responsibility and promise to pay for all charges billed by **Richard Hughes, MD ENT PC** to his/her account..

Signature: _____

Date: _____