



Linn County Anesthesiologists, P.C.

**PAIN CLINIC, P.C.**

Mercy · St. Luke's  
Buchanan Cnty · Jones Regional

**THIRD PARTY LIABILITY INFO FORM**

1550 Boyson Rd  
Hiawatha, IA 52233

Ph: (319) 743-7300  
Fax: (319) 743-7311

- WORK COMP**
- AUTO**
- OTHER LIABILITY**

<b>PATIENT INFORMATION</b>			
First Name:	MI:	Last Name:	
DOB:	Employer Name/Address:		
SSN:			
<b>WORK COMP/LIABILITY INSURANCE CARRIER</b> <i>* Required</i>			
*Insurance Co. Name:		*Date of Injury:	
*Claims Address:		Phone:	
*Claim #:		Body Part(s) Injured:	
<b>INSURED PARTY</b> <i>(If other than patient or employer)</i>			
First Name:	MI:	Last Name:	
Address:		DOB	SSN
Phone:			
<b>ADDITIONAL INFORMATION</b> <i>(If available)</i>			
Case Manager/Agent Name:		Phone:	Fax:

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PATIENT SIGNATURE

DATE

**\*\* NOTE TO PATIENT:** As a courtesy, you will receive monthly statements from LCA for the physician's portion of your services. If there is no **"AMOUNT DUE NOW,"** this is a copy for your records. Any balance due is **your responsibility** to pay. If you feel the balance is owed by another party, please call our billing office at **319-743-7300**. Thank you!