

PATIENT DEMOGRAPHICS INFORMATION

PATIENT INFORMATION

LAST NAME:	BETHEA	FIRST NAME:	RENEE	DATE OF ACCIDENT:	02/11/2020
ADDRESS:	1270 WEBSTER AVE BRONX NY 10456			DATE OF BIRTH:	07/31/1984
ATTORNEY:	JAY TANENBAUM	PHONE NUMBER:	212-422-1765	PHONE NUMBER:	347-269-6748
				FAX NUMBER:	212-425-7492

INSURANCE INFORMATION

INSURED NAME:	BETHEA, RENEE	INSURE ADDRESS:	
PAYER:	ELCO INS CO - NF	PAYER ADDRESS:	PO BOX 5000 MANHASSET, NY 11030
PAYER PHONE NUMBER:	516-407-3650	ADJUSTER:	
CLAIM/CARRIER CASE NUMBER:	15687177	POLICY/WCB NUMBER:	

EMPLOYER INFORMATION

EMPLOYER:		PHONE NUMBER:	
EMPLOYER ADDRESS:	, Patie		

ANJANI SINHA MEDICAL P.C.

Orthopedic Surgery

164-10 Northern Boulevard, Suite 204,

Flushing, NY 11358

Tel: 718-886-2011 Fax: 929-333-7950

anjanisinhamedicalpc@gmail.com

NF Forms

Date:

4/29/21

I, Renee Bethea, hereby authorize Anjani Sinha Medical PC to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Disclosure of Physician Ownership
5. Fee Guarantee Agreement
6. Letter to Attorney (LIEN Form)
7. HIPAA (OCA official Form NO.: 960)

