

S&M Pharmacy  
68-50 Main Street  
Flushing, NY 11367  
718.544.4656

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Patient: \_\_\_\_\_

Insurance: \_\_\_\_\_

Date Of Accident: \_\_\_\_\_

Claim: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

We have mailed Certified / Registered the following claim for payment, including signed AOB and all necessary forms / documents. We have not heard a response in over 30 days. Please remit payment immediately.

Thank you,

S&M Pharmacy