

**University Pain Medicine Center  
Didier Demesmin, M.D.  
Board Certified in Pain Medicine  
Board Certified Anesthesiologist**

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**Insurance Information**

Health or Motor Vehicle Insurance (Circle One)

Name of the Insured: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Relationship to the patient: \_\_\_\_\_

**Name of the Insurance Company:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **ID#/Claim:** \_\_\_\_\_

**Group/Policy:** \_\_\_\_\_ **Adjuster Name:** \_\_\_\_\_

**Other Health Insurance**

Name of Insured: \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **Group#:** \_\_\_\_\_

Type of Injury: ( ) MVA ( ) Hurt at Work ( ) Slip and Fall

Date of Injury: \_\_\_\_\_

**Attorney:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

Referred By: \_\_\_\_\_