



Plundo  
Medical  
Associates  
Osteopathic P.C.  
Tax I.D. #25-1409031

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Larry J. Plundo, DO • Michael N. Plundo, DO • Nicholas R. Gross, DO • Heather Lawrence, PA-C

Account # \_\_\_\_\_

Dear Patient/ Family Member

As your office visit is a result of an automobile accident, we will need specific information to process your bill.

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

Auto Insurance

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

Auto Insurance Name: \_\_\_\_\_ Phone no. \_\_\_\_\_

Auto Insurance Claims Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy No. \_\_\_\_\_ Claim No. \_\_\_\_\_

If you have any questions, please contact our Billing department at 724-832-2571, ext 315.