



MOTOR VEHICLE (MVA)

Patient Name _____

Claim Number _____

Date of Injury _____ (*< 1 Year*)

Insurance Name _____

Claims Address _____

**Claim Adjuster's
Name** _____

**Claim Adjuster's
Phone** _____

Kara M Kassay M.D.

12511 SW 68th Ave
Portland, OR 97223

Phone 503-675-1137
Fax 503-534-1137

www.KaraKassay.com