

**MOTOR VEHICLE ACCIDENT
PATIENT INFORMATION**

Patient Name: _____

Date of Accident: _____ Were you seen in ER _____

Was the accident reported? YES _____ NO _____

If no, we can not use the automobile insurance as a payor---Obtain alternative insurance coverage information.

If yes:

Does your policy have Med Pay? YES _____ NO _____

If no, we can not use the automobile insurance as a payor---Obtain alternative insurance coverage information. Obtain a declaration confirming no med pay to submit with bill to insurance company

If you are unsure if your policy has Med Pay, contact your agent regarding this information prior to scheduled appointment.

If auto insurance has Med Pay Coverage:

Name of Auto Insurance Carrier: _____

Address of Carrier: _____

Telephone #: _____

Policy holder name: _____ Policy # _____

Has a claim number been established: _____

Name of Insurance Agent: _____

Agent Address: _____

Phone # _____

Is there an attorney involved? YES _____ NO _____

Attorney Name: _____

Address: _____

Telephone #: _____

We need to obtain all information regarding medical insurance coverage as a secondary insurance to use as a back-up in case of denial of payment by auto insurance carrier or Med Pay has/will be exhausted.