

## Medical Claim Report

(Not used for Automobile or Workers Compensation)

Please furnish the following information for prompt handling of your claim. You may call this information in our office or you may fax or mail this form to us.

### Policyholder Information

Insured's Name (as it appears on policy) \_\_\_\_\_

Address 1 (Street) \_\_\_\_\_

Address 2 (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

Date reported: \_\_\_\_\_

Reported by (name) \_\_\_\_\_ Title \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Phone (Church) \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ am \_\_\_ pm \_\_\_\_\_

### Accident Information

Location of Accident (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Description of Accident- Describe fully-Include rough sketch if possible. (Use additional paper if necessary)**

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### **Injured Person Information**

**Name of Injured Person:** \_\_\_\_\_

**Age** \_\_\_\_ **Sex** \_\_\_\_ **Parent/Guardian of minor child** \_\_\_\_\_

**Address (Street)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Are you insured under any medical accident policy** \_\_ No \_\_ Yes **Company?** \_\_\_\_\_

**By whom are you employed?** \_\_\_\_\_

**Injuries claimed:** \_\_\_\_\_

**Physicians Name:** \_\_\_\_\_

**Address (Street)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Name of Facility where injured was taken** \_\_\_\_\_

**Address (Street)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Was injured transported by Ambulance?** \_\_ No \_\_ Yes

**Witnesses (Use Additional Paper if Necessary)**

**It is critical to give full name and address of every person who knows anything about the accident.**

**Name** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_

**Work:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_

**Work:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_