

**Accidental Injury Information Request**

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

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

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

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

Regarding: \_\_\_\_\_

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

Group Number: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Before we can complete the processing of your claim for the above date of accident / injury, we must have answers to the following questions:

**Was this visit initiated by an accident or injury?****If no, check here    sign and return.**

Where did the accident / injury occur?

\_\_\_\_\_

Please give a brief description of the accident / injury.

\_\_\_\_\_

Who, if anyone, was at fault in the accident / injury?

\_\_\_\_\_

Are there any expenses for which this / these claims are covered by any other insurance or third party?

Yes                  No                  Workers Comp.

\_\_\_\_\_

Are you going to seek legal counsel or action on this accident / injury?    Yes                  No

If yes, please provide us with the name and phone number of the attorney.

\_\_\_\_\_

Sincerely,  
**Concierge**

The statements above are true and correct to the best of my belief. I authorize any hospital, physician or health care provider to furnish any information requested.

\_\_\_\_\_

Employee / Patient Signature

Date