

THIRD PARTY LIABILITY INFORMATION

Patient Name: _____ Health Plan: _____ Member ID : _____

Explain in detail how the injury occurred _____

What was the date of injury? _____

What part(s) of your body was affected? _____

Please check one of the following and provide additional information as needed:

_____ The claim is related to a MOTOR VEHICLE ACCIDENT. (If yes, please complete **Section A**)

_____ The claim is related to a WORKER'S COMPENSATION injury or illness. (If yes, please complete **Section B**)

_____ Neither of the above. If yes, please sign below and return form in the enclosed envelope.

Section A – MOTOR VEHICLE ACCIDENT Injury or Illness Information

1. List other family members injured in the accident _____

2. Name of responsible party _____

3. Name of responsible party's insurance company _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

Adjuster's Name _____

4. Attorney's Name (if any) _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

Section B – WORKER'S COMPENSATION Injury or Illness Information

1. Employer's Name _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

2. Has a claim been filed with the employer's worker's compensation carrier? Yes _____ No _____

3. Worker's Compensation Carrier Name _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

WC Insurance Adjuster's Name _____

4. Attorney's Name (if any) _____

Address _____ City _____

State _____ ZIP _____ Telephone _____

I declare that the above statements are true and correct to the best of my knowledge. Should changes occur affecting the above statements, I will inform my insurance carrier.

I understand the provision under my health plan, which provides that, if I collect financial damages from another party for this injury, I will reimburse the health plan for their expenses related to this injury. I agree to make such reimbursement immediately upon recovery of any such third party payer, whether by action of law, settlement or otherwise.

Member Signature (Parent or guardian, if member is minor)

Date