

Third Party Liability Requirements

If your accident or injury was due to third party liability (i.e. homeowners or business) you will need to provide our facility with the following information:

Where did the accident occur: _____
(Name of Homeowner/Business)

(Address, City, State, Zip)

Is there a police report on file regarding this accident? () Yes () No

If yes, law enforcement branch: _____
Name of Organization

Name of Officer
If yes, law enforcement case #: _____

Please provide us with the following information pertinent to the responsible party:

Name of Individual/Business: _____
(Last Name, First Name or Name of Business)
Address: _____
(Physical Address or P.O. Box)

(City, State, Zip)
Phone: _____
(Please include area code)
Date of Birth: _____
(If individual) (Month/Date/Year)

Please provide the following details regarding insurance coverage:

Name of Insurance Company: _____
(Business Name)
Address of Insurance Company: _____
(Physical Address/P.O. Box)

(City, State, Zip)
Phone Number Insurance Co. _____
(Please include area code)
Policy Number: _____
(Please include area code)
Claim Number for this Accident: _____
(Note: Claim number differs from policy #)
Date of Accident: _____
(Month/Date/Year)
State the Accident Occurred: _____

Please Note: It is against office policy to bill an attorney's office. If you are having an attorney handle your litigation and you do not wish to have our facility bill the insurance carrier directly, we will register your account as self-pay with our facility and you will fall under those patient policies and requirements.