

# Accident Letter

In order to properly evaluate your claim, the following information is required:

**Claim #(Located on your EOB):**

**Were the above services due to an accident or injury? If no, please sign and submit this form.**

**Date of accident/injury**



Month Day Year

**How accident/injury occurred**

**Where accident/injury occurred**

**If applicable, please provide the name of the Police Department that investigated this incident**

**If this was a motor vehicle injury, were you or your dependent the at-fault party?**

**Name of vehicle owner**

First Name      Last Name

**Your auto insurance agent's name and phone number**

**Has any insurance company contacted you regarding this incident?**

**If yes, please provide their name and phone number**

**Have you been in contact with an attorney about this incident?**

**If yes, please provide their name and phone number**

If the incident is auto-related, a copy of the face sheet from your auto insurance policy is required. Also attach a copy of the police report if one was issued.

### **Participant Name**

First Name      Last Name

### **Name of Injured Person or Legal Guardian**

First Name      Last Name

I the employee verify the statements made above are true and accurate to the best of my knowledge. I understand that federal laws provide for criminal penalties for submitting knowingly or making false, fictitious or fraudulent statement or claim in any manner. The information is requested to update enrollment records and used to determine eligibility for benefits and to review and process claims.

### **Tags**

Todo

In Progress

Done