ACTION ORTHOPAEDICS AND SPORTS MEDICINE

ACCIDENT DETAILS
MEDICAL CLAIMS REIMBURSEMENT QUESTIONNAIRE

Patient Name:_____ **Date:**_____

WAS YOUR MEDICAL TREATMENT THE RESULT OF AN ACCIDENT OR INJURY?

NO_____ **YES**_____ IF YES, DATE OF INJURY _____
Pain Scale (1 to 10, 1 being least amount of pain) _____ **What makes it Worse**_____**What makes it Better**_____
Was the accident or injury: Motor Vehicle_____ Work Related_____
Crime Victim _____ Other _____
Details of the accident or injury_____
_____

COMPLETE THIS SECTION IF THIS WAS CRIME RELATED

Attorney General_____ Phone Number (_)_____ State _____

COMPLETE THIS SECTION IF THERE WAS AN AUTO ACCIDENT 1)

Patient was Driver_____ Passenger_____ Pedestrian_____
2) My Auto Insurance Company is_____ Policy Number_____
Address_____City_____State_____Zip_____
3) Have you filed a claim? Yes_____ No_____ IF YES, Claim Number_____
Name of Adjuster_____ Phone # (_____)_____
Medpay Coverage? Yes_____ No_____ Unknown_____
4) Complete this section if Another Party is Responsible in this auto accident.
Their Name_____ Phone #(_____)_____
Address _____City_____State_____Zip_____
Their Insurance Company_____
Address_____City_____State_____Zip_____
5) Have you filed a claim? Yes_____ No_____ IF YES, Claim Number_____
Name of Adjuster_____ Phone # (_____)_____

COMPLETE THIS SECTION IF YOU WERE ON THE JOB WHEN THE INJURY OCCURRED OR IT IS RELATED TO YOUR EMPLOYMENT

1) Employer's Name_____
2) Phone # (_____)_____Did you file a report of injury? YES_____NO_____
3) If yes Name of Workers Compensation Carrier_____

COMPLETE THIS SECTION IF ANOTHER PARTY IS RESPONSIBLE FOR THIS 1)

Property Owner's Insurance Company_____

Address_____City_____State_____Zip_____

2) Have you filed a claim with their insurance company? YES_____ NO_____ 3) Is an Attorney representing you on this injury? YES_____ NO_____ Attorney Name_____Phone #(_____)_____

Address _____City_____State____Zip_____

THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

_____ **_____**

Patient signature (OR Legal Guardian) **Date**

Phone # Home(_____)_____ **Work #(_____)_____**