

Personal Injury Insurance Information

Today's Date: _____ Accident Date: _____

Name: _____ Driver _____ Passenger _____

Please provide as much information as possible so your case can be set up to your financial advantage.

Fault-based Insurance Coverage (liability, uninsured motorist coverage):

Insured's Name: _____ Phone #: _____

Insurance Name: _____ Phone #: _____

Policy #: _____ Claim #: _____

Adjuster's Name: _____ Phone #: _____

No-fault coverage:

Medpay is an optional benefit that you may have purchased to cover any medical expenses. It covers you regardless of what vehicle you were occupying at the time of the accident and it also covers any person occupying your vehicle at the time of the accident. **Using this portion of the policy cannot raise your premium or affect your records in any way.**

Do you have Medpay coverage? Yes No If yes, what is the coverage limit? \$ _____

Insurance Name: _____ Phone #: _____

Policy #: _____ Claim #: _____

Health Insurance coverage (HMO,PPO):

Do you have alternate insurance coverage (i.e through your employer) that you would like us to bill?
Yes No If yes, please read:

In the state of Arizona, insurance laws read that you have the right to bill any insurance policy under which you have coverage. Some employee benefit plans have subrogation clauses. Please read the attached information sheet on subrogation and contact your insurance carrier to see how they will handle payment for your medical bills.

Insured's Name: _____ Relationship: self spouse child _____

Insurance Name: _____ Phone #: _____

ID #: _____ Group #: _____

Attorney Representation:

The primary function of an attorney is to pursue liability and UM/UI coverages for any type of damages recognized by law, most notably, pain and suffering. Do you have an attorney? Yes No

Name: _____ Phone #: _____