PERSONAL INJURY VERIFICATION FORM

Patient Acct#: **Section 1 - Patient Data** **Date of Injury: / /**

Patient Name:____ Primary Policyholder Name:____

Relationship to Primary Policyholder: Self - Spouse - Child - Other (Describe__________________________)

Patient's SS#/ID#:____ Patient's DOB: ____________________________

Section 2 - Primary Medical Coverage

Date Called: / /

Total Medical Limit Amount: $__________________________________ Amount Remaining: $________________________________

Claim #:____

Has accident been reported? Yes - No - Unsure

Will benefits be paid directly to doctor? Yes - No - Unsure

Has a medical file been opened? Yes - No - Unsure

If No - Will payment be payable to the patient and mailed to Dr.'s office? Yes - No - Unsure

Insured's Policy #:____ Adjuster's Name:____

Insurance Co. Name:____ Insurance Co. Code:___________________________

Mailing Address:____

City, State & Zip:____

Phone #:____ Person Spoke with:____

Section 3 - Adverse Party Insurance Data

Date Called: / /

Responsible Party Name:____ Insured's Claim #:_________________________________

Has accident been reported? Yes - No - Unsure

Will benefits be paid directly to doctor? Yes - No - Unsure

Has a medical file been opened? Yes - No - Unsure

If No - Will payment be payable to the patient and mailed to Dr.'s office? Yes - No - Unsure

Insured's Policy #:____ Adjuster's Name:____

Insurance Co. Name:____ Insurance Co. Code:___________________________

Mailing Address:____

City, State & Zip:____

Phone #:____ Person Spoke with:____

Section 4 - Patient's Attorney Data

Date Called: / /

Attorney's Name:____ Contact Name:_______________________________

Mailing Address:____

City, State & Zip:____

Phone #:____ Fax #:____

Will Attorney accept or honor a lien for account balance?

Yes - No - Unsure

Does Attorney want copy of the patient's medical bills?

Along the Way - When Patient is Released - Unsure

Date Lien Sent to Atty: ____________________________ Date Lien Received from Atty: _____________________________________

(c) KMC University 2007