



**Automobile Accident Information**

The following is information required for submitting work-related injury to work-related illness charges to your worker's compensation insurance company.

**If you do not or are unable to give complete information, the charges will be your responsibility until such time as information is provided to us.**

**Patient Information**

Patient Name:		DOB:	Date:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Accident:	Was law enforcement on the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who was at fault?			
Were you considered working at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Automobile Insurance**

Please provide the full mailing address and information listed below.

Company Name:		Phone:
Address:		
City:	State:	ZIP
Policy Number (if known) or Insurance Agent:		

**Employer's Worker's Compensation Insurance Company**

Please provide the full mailing address and information below.

Insurance Company Name:		Phone:
Address:		
City:	State:	ZIP
Claim Number (if known):		

**Authorization for Release of Medical Information**

I authorize the release of medical information and/or copies of my health records to the above named insurance company for the purpose of determining automobile insurance benefits related to the injury / illness that occurred on:

Date of Injury:		
To Body location or injury- be specific:		
<b>Signature:</b>		<b>Date:</b>
<b>Witness:</b>		<b>Date:</b>

(If patient is unable to sign, but uses X or mark)



**English**--Adair County Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Espanol (Spanish)**—Adair County Medical Clinics cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

**Français (French)**—Adair County Medical Clinics se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe.

**English-ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 641-743-2123

**Español (Spanish)-ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 641-743-2123

**Français (French)-ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 641-743-2123