

# PERSONAL INJURY

A personal injury accident is an injury that was caused by the negligence of another person or business. i.e. You fall at a retail store due to a wet floor. You notified the manager/owner and claims are being sent to this retail store's liability insurance carrier for payment. If this is the type of injury you incurred, this form is needed.

## Patient's Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Body Part Injured: \_\_\_\_\_

Location (City & State) Where Injury Occurred: \_\_\_\_\_

## Send Personal Injury Claims To:

Insurance Company Name: \_\_\_\_\_

Contact Person at Insurance Company \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Notes: \_\_\_\_\_

## Location of Accident:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Attorney Information (if applicable):

Attorney Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_