EBSO
Expert Benefit Solutions

Accident Questionnaire

Your medical claim appears to be accident related. Your group healthcare plan document contains a subrogation provision. This means that if another party is responsible for an injury, then your healthcare plan can recover reimbursements related to the treatment of the injury.

Claimant Group/ID Number: _____

Claimant name and date(s) of service: _____

Was the claim the result of an accident or injury? ☐ Yes ☐ No

If ***no***, date condition started: _____

Please describe condition: _____

If ***yes***, please complete the following questions:

1. How did the accident/injury occur? (Details)

_____

_____

2. Where did the accident/injury occur? _____

3. When did it happen? Date/Time: _____

4. Is this accident/injury claim related to your employment? ☐ Yes ☐ No
   If yes, have the charges been filed with your Workers' Compensation carrier?
   ☐ Yes ☐ No

5. Is this accident/injury claim related to an automobile accident? ☐ Yes ☐ No
   If yes, please provide the name and address of the other party involved:

   Name: _____

   Address: _____

6. Please provide your auto insurance information below including a copy of the police report.

   Company Name: _____

   Policyholder Name: _____

   Mailing Address: _____

   Policy Number: _____ Claim #: _____

7. Please list insurance information of others involved in the accident.

   Company Name: _____

   Policyholder Name: _____

   Mailing Address: _____

   Policy Number: _____ Claim #: _____

8. If the claim is not due to an auto accident, please list the property owner's name and address.

   Name: _____

   Mailing Address: _____

Please sign and date this letter below, and return to EBSO, Inc., P.O. Box 928, Findlay, OH 45839. Your response may also be faxed to EBSO, Inc. at 419-423-5834. You may use the back of this letter if you need additional space. You may be contacted in the future for additional information on any claim that appears to be accident related.

I have answered all questions truthfully and to the best of my knowledge. I agree to comply with my plan's subrogation/right of recovery provisions if applicable.

Signature: _____

Date: _____

Daytime phone number: _____