

In order to determine coverage responsibility, insurance companies often delay payment until they receive the following information. Please complete this form for your chief medical complaint regardless of the nature of its inception.

1. What is the medical complaint or injury?

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2. When did the medical complaint or injury occur?

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3. Where did the medical complaint or injury occur?

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4. How did the medical complaint or injury occur?

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5. Who is responsible?

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6. Is there an attorney handling this injury?

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Patient Signature

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Date