

Personal Injury
INSURANCE VERIFICATION

Today's Date: _____

Patient Name: _____

DOI (Date of Injury): _____

Patient's Insurance Information

Is there med-pay coverage? _____

If yes, how much (they may not tell you) \$ _____

If yes, is it excess to their primary health insurance? _____

Adjuster's Name & Tel #: _____

Fax # _____

Claim #: _____

Address to submit claims: _____

Verified By: _____

If the patient does not have med-pay, you will need to see if the patient has regular health insurance coverage. Additionally, you will need to get a signed lien from the patient's attorney (have the patient sign one even if they do not YET have an attorney and keep it on file). Remember-3rd party liens are highly discouraged-they are a huge gamble.