



**CHRISTIAN
BROTHERS
SERVICES**

1205 Windham Parkway
Romeoville, IL 60446-1679

Health Benefit Services
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ACCIDENT DETAIL INQUIRY

TO BE COMPLETED BY MEMBER

Use the tab key to advance through fields

Identification Number:	Claim Number:
Subscriber Name:	Patient Name:
Date of Service:	Total Charges:
Service Provider Name:	Misc. Info:

PLEASE ANSWER THE FOLLOWING QUESTIONS

Click to select a response

Are charges incurred due to an injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this a work related accident or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this injury due to an auto accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there third party liability insurance involvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If this was not an injury, was this condition gradual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IF YOU SELECTED YES FOR ANY QUESTION ABOVE, PLEASE PROVIDE DETAILED DESCRIPTION INCLUDING THE DATE OF THE INJURY, HOW AND WHERE THE INJURY OCCURRED, IF APPLICABLE: THIRD PARTY CARRIER NAME, ADDRESS, POLICY NUMBER AND TELEPHONE NUMBER.

PLEASE PROVIDE AN ELECTRONIC SIGNATURE BELOW

Use the tab key to advance through fields

Signature:	Date:
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