



Health Solutions
1205 Windham Parkway
Romeoville, IL 60446
800.807.0100

Accident Detail Inquiry

To be Completed by Member

Identification Number <input type="text"/>	Date of Service <input type="text"/>	Patient Name <input type="text"/>	
Subscriber Name <input type="text"/>		Claim Number <input type="text"/>	Total Charges <input type="text"/>
Service Provider Name <input type="text"/>		Misc. Information <input type="text"/>	

Please Answer the Following Questions

- Are charges incurred due to an injury? Yes No
- Was this a work related accident or injury? Yes No
- Was this injury due to an auto accident? Yes No
- Is there third party liability insurance involvement? Yes No
- If this was not an injury, was this condition gradual? Yes No

If you selected YES for any of the questions, please provide a 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.

Signature <input type="text"/>	Date <input type="text"/>
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