



Hayden Lake FAMILY PHYSICIANS

8181 Cornerstone Dr. •

• Hayden Lake, Idaho 83835 • Telephone (208) 772-0785

ACCIDENT REPORT FORM

Today's Date _____

ACCIDENT TYPE: MOTOR VEHICLE _____ Other (State Type) _____
Driver _____ Passenger _____

PATIENT NAME: _____

PATIENT ADDRESS _____

HOME PHONE NO. _____ WORK PHONE NO. _____ SS# _____

INSURANCE COMPANY PAYING ACCIDENT CLAIMS: _____

INSURANCE ADDRESS: _____

INSURANCE AGENT'S NAME: _____

AGENTS PHONE NO. _____ CLAIM NO. ASSIGNED _____

WHAT WAS THE DATE OF INJURY? _____

WHERE AND HOW DID THE ACCIDENT OCCUR? _____

DESCRIBE YOUR INJURY: _____

NOTICE: Your insurance carrier will be billed for services provided for the above injury. This is not a guarantee that they will accept the claim. You, as the patient, are responsible for the payment of services provided by this office.

This information I have provided is true and correct to the best of my knowledge. I have read and understand that I am responsible for services rendered to me by this office.

PATIENT SIGNATURE: _____

WITNESS IF X _____