

MEDICAL PAY

Your auto insurance company will only release this information to you, the policy holder. Please call your auto insurance provider to obtain this information.

- 1) Do you have medical pay? YES NO

- 2) If so, how much? \$1,000 \$2,000 \$5,000 \$10,000
 (Please circle one) or \$ _____

- 3) Is your medical pay **primary** or **secondary**?
 (Please circle one)

- 4) Patient Name _____

- 5) Name of YOUR Insurance Company

- 6) Your Claim #: _____

- 7) Claims Address: _____
 (What address do we mail the bills to?)

- 8) Name of person handling your claim

- 9) His/her phone number and extension
 _____()_____

- 10) Date of Injury _____

***Using your medical pay will not raise your auto insurance rates ***