

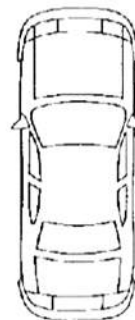
# Automobile Accident Questionnaire

Name: \_\_\_\_\_ Accident date and time: \_\_\_\_\_ AM / PM

1. Please briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_

2. Was your vehicle struck by another vehicle?  Yes  No  
3. Did your vehicle strike another vehicle/object?  Yes  No  
4. Were you at fault for the accident?  Yes  No  
5. What was your position in the car?  Driver  Front Right  Rear Left  Rear Right  
6. What direction were you facing at the time of impact?  Forward  Left  Right  
7. Did you brace for impact?  Braced with hands  Braced with feet  Did not brace  
8. What was **your** approximate speed at the time of impact? \_\_\_\_\_  
9. Were you:  Stopped  Gaining speed  Slowing down  Driving at a steady rate  
10. What was the approximate speed of the **other** vehicle? \_\_\_\_\_  
11. Were you wearing a seat belt?  Lap belt  Shoulder and lap belt  No belt  
12. Did the airbag deploy (if applicable)?  Yes  No

Indicate the direction of impact on the diagram below. Use 1 to indicate primary impact and 2 to indicate secondary impact.



13. Were you knocked unconscious?  Yes  No If yes, how long? \_\_\_\_\_  
14. Did your body strike anything in your vehicle at the time of impact?  Yes  No  
If yes, Please explain: \_\_\_\_\_

15. Was the top of the headrest:  Above the base of your skull  Below the base of the skull  No headrest  Unknown  
16. At impact, how did your body move?  Violently jolted in seat  thrown forward  thrown backward  thrown left  thrown right  
17. Did you have any physical complaints BEFORE the accident?  Yes  No  
If yes, please explain: \_\_\_\_\_

18. Describe how you felt/physical complaints:  
DURING the accident: \_\_\_\_\_  
IMMEDIATELY AFTER the accident: \_\_\_\_\_  
LATER THAT DAY: \_\_\_\_\_  
THE NEXT DAY: \_\_\_\_\_

19. What are your PRESENT complaints and symptoms? \_\_\_\_\_

20. Since the accident, these complaints/symptoms have gotten:  Better  Same  Worse

21. Did you go to the hospital after the accident?  Yes  No  
If yes, what kind of treatment did you receive? \_\_\_\_\_

22. Did they take any x-rays?  Yes  No If yes, describe any significant findings: \_\_\_\_\_

23. Have you received any other medical attention for injuries from this accident?  Yes  No If yes, explain: \_\_\_\_\_

24. Have you retained an attorney to help with your case?  Yes  No Attorney's name: \_\_\_\_\_

25. Attorney's phone: \_\_\_\_\_ Attorney's address: \_\_\_\_\_

## **INSURANCE INFORMATION:**

**Your Insurance:** Insurance name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Personal injury case #: \_\_\_\_\_

Adjuster name: \_\_\_\_\_ Adjusters number: \_\_\_\_\_

**Other party insurance:** Policy holder name: \_\_\_\_\_ Insurance name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Case # (if opened): \_\_\_\_\_

EG/BV \_\_\_\_\_  
Date of accident: \_\_\_\_\_

Date: \_\_\_\_\_

## Auto accident information and agreement Sheet

You have been in an accident recently and you are taking one of the first steps on the road to recovery. You will be receiving a lot of information and questions from everyone about this. Please know we are here to help you.

### Opening the claim:

1. Contact your auto insurance and open a personal injury claim. This is often a different claim number than the one for the damage to property (motor vehicle).

*Do you have personal injury protection with your auto insurance?*  YES  NO

*Have you opened a personal injury claim?*  YES  NO

2. If you have no personal injury coverage with your auto insurance all medical treatment is then covered by your health insurance and follows all coverage benefits and limitations that your health insurance plan dictates. In this situation it is best to contact your health insurance customer service and let them know that you have no personal injury coverage with your auto insurance. Doing that will allow timely processing of your medical claims.

*Do you have regular health insurance?*  YES  NO

*Was a copy of your health insurance card provided to the Financial Officer?*  YES  NO

\_\_\_\_\_ *Initial of FO for verification health insurance is on file*

### After benefits Exhaust:

Your personal injury coverage has a dollar limit for all medical treatment. Once this dollar limit is met, new payment arrangements need to be established with our office. **At this time your personal health insurance can be billed or you can retain an attorney that will help ensure your medical bills will get paid in the settlement.**

*Do you want us to automatically start billing your health insurance once benefits are exhausted?*  
 YES  NO

- *If yes, make sure we have your current health insurance information is on file at all times. Also by marking yes you understand that all copays and deductible will be directly billed to you.*

- *If no, you understand that we take this as your direct order for us not to bill your health insurance for any balance not paid in full by your auto insurance. If you wish to have us bill your health insurance at a later date we can only bill services that were rendered in the previous 90 days of your request. All prior dates of services cannot be billed due to contractual timely filing limits, and all balances are your responsibility.*

### Not opening a claim or Third party:

In the event that you have chosen to not open a claim with your insurance and/or have no health insurance to bill, and the other person is believed to be at fault for the accident, you will need to retain an attorney or pay cash at time of service.

I have read everything above and fully understand my responsibilities financial and other.

\_\_\_\_\_  
Patient or guardian signature                      date

\_\_\_\_\_  
Wellnessone Rep.    date