



Family Practice Associates

## MOTOR VEHICLE ACCIDENT INSURANCE INFORMATION

If you have been involved in a motor vehicle accident, you are responsible to report the claim to your insurance agent. The report is necessary whether you are the driver, passenger or pedestrian hit by a moving vehicle. In the state of Pennsylvania, the laws state we have no fault insurance. Therefore, all claims **MUST** be submitted through **your** motor vehicle insurance. These claims **cannot** be submitted through your personal insurance.

The following information is necessary for your claim to be submitted and processed by your motor vehicle insurance.

**Patient Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name of Insured** (if other than patient) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

**Motor Vehicle Insurance Company:** \_\_\_\_\_

Address for Claims: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ **Claim#:** \_\_\_\_\_

Claim Adjuster Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

*I certify that the information I have reported with regard to my insurance coverage is correct.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If this information is not provided at time of service, you will be responsible for the office visit until the information is provided to our billing department, 610-269-1372, ext. 120.*