

Personal Accident/ Injury Insurance Information Form

To complete this form electronically, please go to www.essentiahealth.org
Using the drop-downs under "How can I help you?" select: "I am a Patient" and "I'd like to Pay my Bill". Under "Third Party Billing Forms" select the quick link to access this document.

After completing the document online, please return form within 7 days to: AccidentInjuryInsInfo@EssentiaHealth.org

Patient Information

Name: _____
Phone: _____
Date of Birth: _____
Last 4 of Social Security Number: _____
Date Of Service: _____
Medical Record #: _____
Guarantor #: _____

Date of Injury: _____
Type of Injury/ Body Part Injured (Be Specific): _____
State Accident Occurred In: MN WI ND MI
 Other (Please Specify What State): _____

To Ensure proper processing of the charges related to this injury, please check one or more of the applicable boxes listed below

- I do have auto/liability insurance coverage for my injury (Complete Section A)
 I do not have auto/liability insurance coverage for my injury (Complete Section B)
 I was injured while riding on: _____
(Motorcycle, ATV, Snowmobile etc.)
 A liability claim is pending with my attorney

Attorney's Name: _____

Attorney's Number: _____
 Injury benefits are on a coordination of benefits, excess basis. Services must be submitted to my personal health insurance carrier for payment first. (Complete section A & B)
 Other (Please Specify): _____
Print Name: _____
Phone: _____
Relationship to Patient: _____

Section A: Liability Insurance information

If you have insurance information such as auto, Home Owners or any other insurance coverage that is not your own personal health insurance that should be billed first, please list the following information:

Note: MN Auto Accidents- Minnesota is a "No fault" State. This means that YOUR OWN automobile insurance is the primary payer for medical costs associated with an auto accident. WI Auto Accidents- Wisconsin is an "At Fault" state. The insurance of the driver determined to be at fault by a law enforcement agency may be liable for the injuries or any person who was involved in the accident. A Wisconsin resident has the option of billing either their own insurance or their personal health insurance for medical expenses.

Policy Holder's Name: _____
Date of Birth: _____ Address: _____
City: _____ State: _____ Zip: _____
Relationship between Patient/Policy Holder (Be specific): _____

Insurance Company name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Claim Adjuster's Name: _____
Phone: _____ Policy ID #: _____
Claim Number: _____

Section B: Personal Health Insurance Billing Information

Primary Insurance Company: _____
Claim Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Effective Date of Policy: _____

Name of Subscriber: _____
Relationship to Patient: _____
Policy ID Number: _____
Group Number: _____

Secondary Health Insurance Billing Information:

Secondary Insurance Company: _____
Claim Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Effective Date of Policy: _____

Name of Subscriber: _____
Relationship to Patient: _____
Policy ID Number: _____
Group Number: _____

I hereby authorize Essentia Health to release information and medical records to the TPL insurance company listed for the payment of all related medical services regarding the Date of Injury above. Should the TPL insurance company deny payment for the claims, we will submit the denial and a new bill to your health insurance carrier.

Print Name: _____ Signature: _____
Phone: _____ Date: _____

***Form may also be mailed/faxed to the following:** Essentia Health 1702 South University Drive, Fargo, ND 58103 Fax: 701-364-8921