MEDICAL PAY

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

Patient Name: _____

Name of your car insurance company: _____

Do you have Medical Pay? ☐ Yes / ☐ No

Is your medical pay ☐ Primary or ☐ Secondary?

What is the med pay limit? ☐ $1,000 / ☐ $2,000 / ☐ $5,000 / ☐ $10,000

Do you have *Uninsured Motorists* policy on your insurance? ☐ Yes / ☐ No
If so, what is the limit? _____

Name of the person handling your claim (Adjustor): _____

His/Her telephone number and extension: _____

Date of Injury:_____

Med Pay Claim Number (may be different than Property Claim #): _____

Using your medical pay will not raise your car insurance rates.

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