



Park Central  
Medical

*Park Central Family Practice, Inc.*  
*4367 Snappinger Woods Drive*  
*Decatur, Ga 30035*

**CheckList for Motor Vehicle Accidents**

Date Of Accident \_\_\_\_\_

Patient Name \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_ Copies of insurance information

**Patient's Insurance Policy**

*If patient has health insurance refer to Insurance verification form*

Claim Number \_\_\_\_\_ *Limit*

Ask If there is medical \_\_\_\_\_ and/or uninsured motorists coverage on the policy \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Agent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address for claims \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Party's Insurance Policy ( may or maynot be person at Fault)**

Claim Number \_\_\_\_\_

Ask If there is medical \_\_\_\_\_ and/or uninsured motorists coverage on the policy \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Agent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address for claims \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Assignment of Benefits/ Lien

Signed by the patient, send to both ( The patient's insurance company and the insurance company of the one at fault)insurance companies Return Certified Reciept.

\_\_\_ Promissory Note If applicable

\_\_\_ Attorney's Name

Other Information

Name of Hospital Emergency Room Visited \_\_\_\_\_

Copies of X-rays taken

Copy of Accident Report