



**PATIENT TO COMPLETE FOR ALL AUTO ACCIDENTS**

PATIENT NAME \_\_\_\_\_ SS# \_\_\_\_\_

PHONE (     ) \_\_\_\_\_ CELL (     ) \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ WHERE WAS ACCIDENT \_\_\_\_\_

WAS YOUR AUTO INS. COMPANY NOTIFIED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF CLAIM NUMBER WAS ISSUED, PLEASE PROVIDE \_\_\_\_\_

YOUR AUTO INSURANCE CARRIER? \_\_\_\_\_

POLICY NUMBER:

ADDRESS FOR CLAIMS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ADJUSTER \_\_\_\_\_

I understand that the state of Florida is a “no-fault” state. Therefore, regardless of who was at fault, my claim will be filed to my auto carrier and not a third party’s insurance carrier. In addition, if your policy has a deductible or only covers 80% of the charges, you will be responsible for your portion at the time of service.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS SECTION**  
**Suncoast Urgent Care Centers, LLC Staff to Complete**

WAS AUTO CARRIER CONTACTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

PIP BENEFITS: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_ MAX: \_\_\_\_\_ 100%/80% MED PAY: \_\_\_\_\_  
CIRCLE ONE

PATIENTS HEALTH INSURANCE: \_\_\_\_\_

(take copy of front/back of card) If patient has deduct and no med insurance rider with auto carrier, collect patients health insurance co-payment as claim will be applied to ded and will go to health insurance as secondary carrier.