

Motor Vehicle Accident & Third Party Payer Claims

Excerpt from our financial policy:

"Auto Accidents, Civil Suits, Home or Business Owner's Claims

We will bill your third party insurance one time as a courtesy provided that you bring all of the necessary billing and contact information."

If you would like us to bill your Auto/Home/Business or other third party insurance for services related to an accident, please provide ALL of the below information.

***Patient Name:** _____ ***Date:** _____

***Name of Insurance:** _____ ***Date of Accident:** _____

***Claims Mailing Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:** _____

***Claim Number:** _____ ***State Accident Occurred In:** _____

***Adjuster Name** _____ ***Phone number** _____

**All of the above information is required. We encourage you to follow-up with your insurance agent to ensure prompt claim processing and payment. If the claim has not been paid within 30 days you will be charged for services rendered. If for some reason the payment is sent to Pullman Regional Hospital Clinic Network instead of directly to you, we will promptly refund your money.*