150 Social Hall Avenue, Suite 170
P.O. Box 45530 • Salt Lake City, Utah 84145
Telephone: 801-578-5600 • Toll free: 800-777-3622
Fax: 801-578-5901 • Website: www.dmba.com

ACCIDENT INFORMATION REQUEST FORM

Our records show you may be suffering from an injury or illness that resulted from the actions of another party. To make sure we accurately determine your benefits, please provide the requested information below. **We cannot pay claims until we receive this completed form.**

CLAIM INFORMATION (REQUIRED)

Participant name:______________________________ DMBA ID number: ________________________

Participant birth date (mm/dd/yy): ____________________ Accident or injury date: ____________________

Patient name: ________________________________ Patient birth date (mm/dd/yy): ________________

Patient's relationship to participant: ❑ Self ❑ Spouse ❑ Child ❑ Other ____________________________

INJURY INFORMATION

If you were injured, how did the accident happen?

If you were injured, where did the accident happen?

If you were injured, when did the accident happen?

Describe the location and condition of injury or illness:

Is the injury or illness related to the patient's employment? ❑ Yes ❑ No

Is the injury or illness related to an automobile? ❑ Yes ❑ No

You may have auto insurance that provides coverage for this accident. What is your auto insurance carrier's name, address, and policy number (or claim number)?

CONTINUED ON THE OTHER SIDE

Is someone else responsible for paying these expenses? ❑ Yes ❑ No

If yes, what is the name and address of the responsible party?

If yes, what is the name, address, and policy number (or claim number) of the insurance carrier for the responsible party?

Have you taken legal action to recover expenses for this injury or illness? ❑ Yes ❑ No

If no, do you plan to begin action? ❑ Yes ❑ No

If you are represented by legal counsel, what is your attorney's name, address, and telephone number?

DMBA'S SUBROGATION POLICY

If your injury or illness is the liability of another party and you have the right to recover damages, DMBA must be reimbursed for any amount it has paid when damages are recovered from the third party. Also, if you don't attempt to recover damages from the third party, DMBA has the right to act in your place and initiate legal action against the liable third party to recover the amount it has paid for your injuries.

I/we understand and agree to this policy.

PARTICIPANT SIGNATURE | DMBA ID NUMBER | DATE

PATIENT SIGNATURE (IF OTHER THAN PARTICIPANT) | DATE

LEGAL GUARDIAN SIGNATURE (IF PATIENT IS A MINOR) | DATE

If you have any questions, call DMBA at the appropriate telephone number, or visit our website:

Salt Lake City area 801-578-5600
Toll free 800-777-3622
Fax number 801-578-5901
Website . . . . www.dmba.com

Send this form to: DMBA
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Salt Lake City, UT 84145