

Family Care Associates of Effingham, S.C.

1106 N. Merchant St., P.O. Box 665

Effingham, Illinois 62401

217-342-7000

www.familycareassociates.com

Liability Insurance

In order to ensure timely payment of liability claims, we require all of the following information to be completed accurately. Failure to provide all of the necessary information may result in claim denials and ultimately patient financial responsibility. Please take time to complete this form before your visit to Family Care Associates.

Auto Insurance Policy (Self):

Policy/Claim Number _____

Date of Accident/Loss _____

Insurance Carrier _____

Agent Name _____

Phone Number _____

Auto Insurance (Third Party):

Policy/Claim Number _____

Date of Accident/Loss _____

Insurance Carrier _____

Agent Name _____

Phone Number _____

Primary Health Insurance:

Policy Number _____

Group Number _____

Insurance Carrier _____

Subscriber Name _____

Secondary Health Insurance:

Policy Number _____

Group Number _____

Insurance Carrier _____

Subscriber Name _____

It is our policy to bill the auto insurance for all claims related to an open motor vehicle accident case. If the auto policy fails to remit payment within 60 days from the date of service, or indicates no payment is forthcoming, we will bill your private health insurance plan. You will be responsible for any applicable deductibles or copays not covered by your health plan. Third party insurance information is collected for reporting purposes only.

_____ Do not bill my auto policy for services related to my motor vehicle accident. Please send all bills to my private health insurance plan. I agree to pay any applicable deductible, copay, or non-covered service fees within 30 days of benefit determination.

I attest that all of the information stated above is accurate and complete. I understand I may be responsible for any unpaid balances remaining after 90 days from the date of service. I am aware that my auto company may eventually remit payment and I may be reimbursed once a settlement has been reached.

Print

Signature

Date _____

*Colleen Bingham, M.D. Michael G. Brummer, M.D. Jeffrey K. Brummer, D.O.
Jeffrey G. Crowell, M.D. Thomas Heischmidt, M.D. Amanda Bierman, M.D.*

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