

1. Why did the patient seek medical treatment?

Accident Injury Illness Medical condition Other

If **illness** or **medical condition**, skip questions 2 and 3, complete the **Authorization** section below and return this form.

If **accident** or **injury**, please provide date it happened: _____ (mm/dd/yyyy)

Please describe the accident or injury and medical treatment the patient received:

2. Were the patient's injuries the result of a motor vehicle accident?

Yes No

If **yes**, complete and return this form **and** call Conduent at 1-800-442-2911.

If **no**, complete the rest of the form.

3. Where did the accident or injury happen?

Work Home School Sports activity Other

If it happened at **work**, are you self-employed? Yes No

If not self-employed, please complete the following:

Employer name: _____

Employer phone number: _____

Did you file a report of injury? Yes No

Not an accident or injury w/d.

Authorization

The above information is accurate and complete to the best of my knowledge.

Patient's (or legal guardian's) signature: Wendy Doer Date: 5/18/22

Patients age 18 and older who are dependents on their parents' plan must sign the form themselves.

Home (or cell) phone: 618-542-2125

Work phone: _____