**WORKERS' COMPENSATION** (W/C) **/ MOTOR VEHICLE ACCIDENT** (MVA)

# Claim Information Form

Healthy Steps Pediatrics, LLC
NEWBORN to ADOLESCENT

Today's Date: ____ / ____ / ____

Patient Full Name: _____ Date of Birth: ____ / ____ / ____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Address: _____
STREET CITY, STATE ZIP

- This form must be filled out completely in order for us to process your claim through a Workers' Compensation or Motor Vehicle Insurance Company.
- You will need to get this information from your employer, work comp adjuster or insurance agent. We will need to have all information indicated below before your visit will be billed to insurance.
- **Until you are able to obtain all of the following information, you will be billed for these charges.**

Claim Number: _____ Date of Injury/Accident: ____ / ____ / ____

**FOR WORKERS' COMPENSATION (W/C)**:
See your manager to determine if we are on your workers' comp panel. If the injury is over 90 days, you are able to be seen anywhere.

Employer at time of injury: _____ Employer Phone: (____) ____ - ____

**Has 1st Report of Injury been filed?** ☐ **Yes** ☐ **No** Employer Fax: (____) ____ - ____

Employer Address: _____
STREET CITY, STATE ZIP

W/C Adjuster Name: _____ W/C Adjuster Phone: (____) ____ - ____

W/C Insurance Name: _____ W/C Adjuster Fax: (____) ____ - ____

**FOR MOTOR VEHICLE ACCIDENT (MVA):**
Please provide the patients' Motor Vehicle Insurance information.

Name of Insurance Policy Holder: _____ Policy Holder Date of Birth: ____ / ____ / ____

In what state did the accident occur?: _____

MVA Insurance Contact Name: _____ MVA Phone: (____) ____ - ____

MVA Insurance Company Name: _____ MVA Fax: (____) ____ - ____

Insurance Billing Address: _____
STREET CITY, STATE ZIP

Fax this completed form to: **(610) 363-3923 / Attn: Billing Department** or email to: **hspforms@protonmail.com**

750 W. Lincoln Hwy Exton, PA 19341 676 W. Lincoln Hwy Exton, PA 19341
Office: (610) 363-0100 Fax: (610) 363-3923 www.christinemeyermd.com