

## Medical Pay

Your car insurance company will only release this information to you, the policy holder.

Please call your care insurance provider to obtain this information.

Do you have medical pay?    YES    NO

If so how much?    \$1000    \$2000    \$5000    \$10000    Other \_\_\_\_\_

Do you have uninsured motorists policy on your insurance?    YES    NO

If so what is the limit? \_\_\_\_\_

Patient Name \_\_\_\_\_

Name of your insurance company \_\_\_\_\_

Your insurance policy number \_\_\_\_\_

Your claim number \_\_\_\_\_

Name of person (adjustor) handling your claim \_\_\_\_\_

His/her telephone number \_\_\_\_\_

Date of injury \_\_\_\_\_

\*Using your medical pay will not raise your car insurance rates\*