HCFA
Health Care Financing Administration

MED ARE PART B CARRIER
BENEFICIARY 1 -999-7608 OR (502) 425-6759
PROVIDER (502) 425-7776/REVIEWS (502) 425-6207
ADMINISTRATION (502) 329-8500

...continued

Health Insurance Claim Number: [redacted]
Medicare Claim Number: [redacted]
Beneficiary Name: [redacted]

medical care relative to this accident? Yes ✓ No _____

A. If no, please explain why payment cannot be made.

B. If yes, give the name and address of the insurance company and the claim number the insurance company has assigned to the claim. STATE FARM INSURANCE
Murfreesboro, Tennessee

Claim no. [redacted]
Telephone no. 1 (888) 848-6710 ATTN: Team 20
If you have received a coverage determination from the insurance company, please send us a copy. NOTHING WRITTEN → ORAL APPROVAL

4. Have you filed or do you intend to file a liability claim or lawsuit against any party who caused the injury for which these services were furnished? UNDECIDED

5. If you did not file a claim with an automobile or liability insurer, please explain why.

6. Provide the name, address and telephone number of attorney if you have one.

Telephone no. _____

7. Provide the name, address and telephone number of any party that you feel was responsible for injury or illness.
Toyota

Telephone no. _____

8. Provide the name, address and telephone number of insurance company of person you feel was responsible and the claim number the insurance company has assigned to your claim.

Telephone no. _____

---------- FOR OFFICE USE ONLY ----------

STATUS: 58 OPERATOR ID: 528 MRN: 0000000